



2007

# Data Compendium

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2007

**CMS**  
CENTERS for MEDICARE & MEDICAID SERVICES



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2007

# **Centers for Medicare & Medicaid Services**

## **2007**

## **DATA**

## **COMPENDIUM**

**U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Office of Research, Development, and Information  
Baltimore, Maryland  
July 2007**



# **CMS Disbursements** **Fiscal Years 2006 - 2008**

	2006 Actual	2007	2008	
		Current Law	Current Law	Proposed Law
<b>CMS Budget Outlays</b>		Dollars in millions		
Medicare Benefits	\$374,911	\$430,373	\$463,004	\$459,414
Transitional Assistance & Part D drug benefits (non-add)	31,946	49,256	59,174	59,134
Medicare Part B Transfer to Medicaid <sup>1</sup>	264	350	--	425
Quality Improvement Organizations	400	420	403	403
Health Care Fraud and Abuse Control (HCFAC) <sup>2</sup>	1,069	1,230	1,324	1,324
Other Medicare Administrative Expenses <sup>3</sup>	1,889	1,856	1,920	1,920
CMS Program Management <sup>4</sup>	3,354	3,505	3,424	3,424
Medicaid Benefits <sup>5</sup>	171,220	186,634	202,079	199,667
State and Local Administration/Training	9,141	10,210	10,757	10,377
State Children's Health Insurance Program (SCHIP)	5,451	6,294	5,691	6,911
State Grants and Demonstrations <sup>6, 7, 8</sup>	1,367	1,591	517	517
Total Outlays (unadjusted, gross)	\$569,066	\$642,463	\$689,118	\$684,381
Medicare Premiums	-48,738	-59,809	-65,090	-65,278
Medicare Refunds, and Misc. Federal Offsetting Collections	-3,202	-3,303	-3,503	-3,503
Offsetting Collections, Non-Federal	-125	-149	-147	-182
Reimbursables	-6	-10	-10	-10
Total Outlays Net of Medicare Premiums and Offsetting Collections	\$516,995	\$579,192	\$620,368	\$615,408

<sup>1</sup> Medicare transfer to Medicaid for Medicare Part B premium assistance.

<sup>2</sup> Includes HCFAC outlays by CMS and other agencies.

<sup>3</sup> Medicare-related expenses of other agencies, e.g., Social Security Administration.

<sup>4</sup> Includes user fees and reimbursables.

<sup>5</sup> Includes not only Medicaid medical assistance payments (MAP) but also Title XIX outlays for the Vaccines for Children Program (FY 2003 - \$1,065.0 million; FY 2004 - \$1,208.4 million; FY 2005 - \$1,246.7 million). The estimate is reduced by the Medicare transfer to Medicaid of \$112.1 million in FY 2003 and by \$125.0 million in FY 2004. The FY 2007 Medicaid benefits amount includes \$35 million for the extension of Transitional Medical Assistance through September 2007 (P.L. 110-48).

<sup>6</sup> Background Checks added in FY 2004.

<sup>7</sup> State Pharmacy Assistance added in FY 2005.

<sup>8</sup> Undocumented Aliens added in FY 2005.

NOTES: Fiscal year data. Totals do not necessarily equal the sum of rounded components.

SOURCES: Based on FY 2008 Mid-Session Review; CMS/OFM

December 2007



# **Program Benefit Payments Selected Fiscal Years**

Fiscal Year	Total		Medicare <sup>1</sup>		Medicaid <sup>2</sup>		SCHIP <sup>3</sup>	
	Amount	Annual Percent Change	Amount	Annual Percent Change	Amount	Annual Percent Change	Amount	Annual Percent Change
Amount in billions								
Historical								
1980	\$57.9	--	\$33.9	--	\$24.0	--		
1985	108.8	12.6	69.5	14.1	39.3	10.4		
1990	175.9	15.6	107.2	13.8	68.7	18.4		
1991	204.4	16.2	113.9	6.3	90.5	31.7		
1992	245.1	19.9	129.2	13.4	115.9	28.1		
1993	268.7	9.6	142.9	10.6	125.8	8.5		
1994	296.9	10.5	159.3	11.5	137.6	9.4		
1995	328.9	10.8	176.9	11.0	152.0	10.5		
1996	344.3	4.7	191.1	8.0	153.2	0.8		
1997	367.8	6.8	207.1	8.4	160.7	4.9		
1998	379.7	3.2	210.1	1.4	169.4	5.5	\$0.2	
1999	390.5	2.8	208.3	-0.9	180.8	6.7	1.3	655.2
2000	413.8	6.0	214.9	3.2	196.1	8.4	2.8	108.6
2001	457.8	10.6	236.6	10.1	217.4	10.9	3.8	37.2
2002	505.4	10.4	252.3	6.7	247.7	13.9	5.4	41.4
2003	539.4	6.7	272.7	8.1	260.6	5.2	6.1	13.4
2004	585.3	8.5	295.5	8.4	283.2	8.7	6.6	8.4
2005	642.8	9.8	333.4	12.8	302.1	6.7	7.3	10.1
2006	682.4	6.2	375.2	12.5	299.3	-0.9	7.9	8.6
Budget								
Current law								
2007	765.4	12.2	430.7	14.8	325.6	8.8	9.1	14.8
2008	821.0	7.3	463.0	7.5	346.9	6.6	11.0	21.1

<sup>1</sup> Includes catastrophic benefits for Part A in FY 1990. Includes Part B transfer to Medicaid. Includes Transitional Assistance for FY 2004 through FY 2006. Includes Part D prescription drug benefits beginning in FY 2006. Excludes Quality Improvement Organization expenditures.

<sup>2</sup> Total computable benefit payments (Federal and State combined). Historical data for FYs 1980-1994 reflect total computable medical assistance payments reported by the States on line 11 of the HCFA-64 and predecessor forms. Historical data for FYs 1995-2006 include line 11 total computable medical assistance payments and outlays for the Vaccines for Children Program but do not include total computable Title XIX expenditures for the State Children's Health Insurance Program. Budget data for FYs 2007 and 2008 reflect current law estimates of total adjusted computable medical assistance payments and outlays for the Vaccines for Children Program.

<sup>3</sup> Total computable benefits (Federal and State combined). Historical data for FYs 1998-2000 include total computable State Children's Health Insurance Program (SCHIP) expenditures under both Title XIX and Title XXI, as reported by the States for those years.

NOTE: Percent changes based on unrounded numbers.

SOURCES: Based on FY 2008 Mid-Session Review; CMS/OFM

December 2007







**Program Benefit Payments Per Enrollee  
Selected Fiscal Years**

Fiscal Year	Medicare			Medicaid <sup>2</sup>			State Children's Health Insurance Program (SCHIP)	
	Benefit Payments <sup>1</sup>	Enrollees	Average	Benefit	Enrollees <sup>3</sup>	Average	Medicaid	Separate State
	(In billions)	(In millions)	Per Enrollee	(In billions)	(In millions)	Per Enrollee	Expansions (In billions)	Programs (In billions)
1980	\$33.9	28.3	\$1,200	\$24.0	19.6	\$1,200		
1985	69.6	31.0	2,200	39.3	19.8	2,000		
1990	107.4	34.1	3,100	68.7	22.9	3,000		
1995	177.1	37.4	4,700	151.8	33.4	4,500		
1996	191.3	38.0	5,000	152.9	33.2	4,600		
1997	207.3	38.4	5,400	160.3	33.0	4,900		
1998	210.3	38.8	5,400	168.9	32.5	5,200	\$0.1	\$0.1
1999	208.5	39.1	5,300	180.4	32.6	5,500	0.6	0.7
2000	215.1	39.6	5,400	195.5	34.8	5,600	1.1	1.6
2001	236.8	40.0	5,900	216.2	37.7	5,700	1.2	2.6
2002	252.6	40.4	6,300	246.3	39.9	6,200	1.3	4.0
2003	272.9	41.0	6,700	262.3	42.0	6,200	1.6	4.5
2004 <sup>4</sup>	295.8	41.7	7,100	288.2	44.9	6,400	1.7	5.4
2005 <sup>4</sup>	331.1	42.4	7,800	308.2	46.4 <sup>4</sup>	6,600	1.8	5.6
2006 <sup>4</sup>	373.9	43.1	8,700	298.7	47.9 <sup>4</sup>	6,200	1.9	6.0

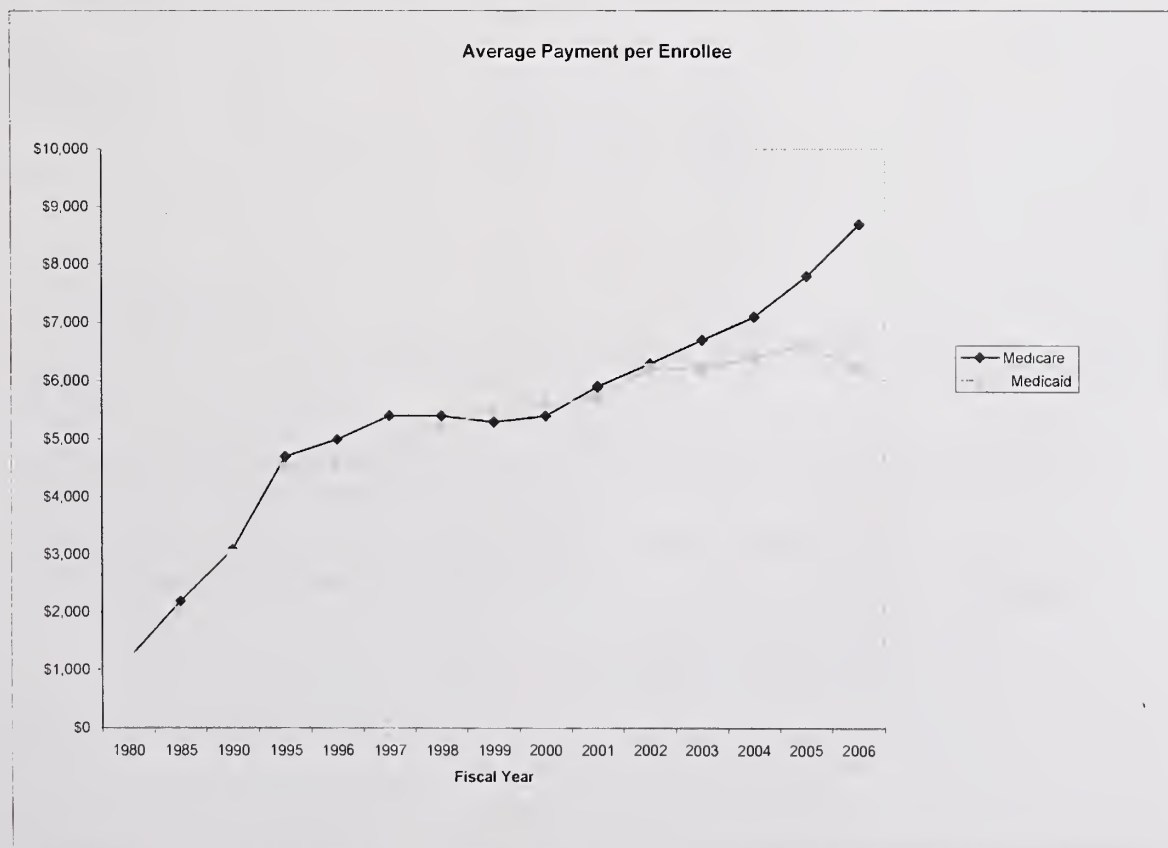
<sup>1</sup>Includes Quality Improvement Organization, Part B Medicaid transfer expenditures, and, starting in FY 2004, Part D benefits.

<sup>2</sup>Excludes Medicaid expansion and separate State programs under SCHIP and payments under Vaccines for Children's Program.

<sup>3</sup>Medicaid enrollees are measured in person-years and are estimated for 1980 and 1985.

<sup>4</sup>Estimated.

NOTES: Current law only. Consistent with data and estimates included in the FY 2008 Mid-Session Review. Medicare benefit payments reflect gross outlays, i.e., not net of offsetting receipts. Medicaid benefit payments reflect both Federal and State expenditures.



SOURCE: CMS/OACT

December 2007



### Benefit Outlays by Program Selected Fiscal Years

	1967	1968	2006	2007 <sup>1</sup>
<b>Annually</b>	Amounts in billions			
CMS Program Benefit Outlays	\$5.1	\$8.4	\$682	\$765
Federal Outlays	NA	6.7	552	624
Medicare	3.2	5.1	375	431
Part A	2.5	3.7	184	203
Part B <sup>2</sup>	0.7	1.4	160	179
Part D prescription drug <sup>3</sup>	NA	NA	32	49
Medicaid <sup>4</sup>	1.9	3.3	299	326
Federal Share	NA	1.6	171	187
State Children's Health Insurance Program (SCHIP)	NA	NA	8	9
Federal Share	NA	NA	5	6
<b>Monthly</b>	In millions		In billions	
CMS Program Benefit Outlays	\$423	\$702	\$57	\$64
Federal Outlays	NA	561	46	52
Medicare	264	427	31	36
Part A	209	311	15	17
Part B <sup>2</sup>	55	116	13	15
Part D prescription drug <sup>3</sup>	NA	NA	2.7	4.1
Medicaid <sup>4</sup>	158	275	25	27
Federal Share	NA	133	14	16
State Children's Health Insurance Program (SCHIP)	NA	NA	0.7	0.8
Federal Share	NA	NA	0.5	0.5
<b>Hourly</b>	In thousands		In millions	
CMS Program Benefit Outlays	\$579	\$962	\$78	\$87
Federal Outlays	NA	768	63	71
Medicare	362	585	43	49
Part A	286	426	21	23
Part B <sup>2</sup>	76	159	18	20
Part D prescription drug <sup>3</sup>	NA	NA	3.6	5.6
Medicaid <sup>4</sup>	217	377	34	37
Federal Share	NA	183	20	21
State Children's Health Insurance Program (SCHIP)	NA	NA	0.9	1.0
Federal Share	NA	NA	0.6	0.7

<sup>1</sup> Estimated.

<sup>2</sup> Includes Part B transfer to Medicaid.

<sup>3</sup> Includes Transitional Assistance drug card benefits, which began in FY 2004 and ended in FY 2006. Part D benefits began in 2006.

<sup>4</sup> Includes Federal outlays for the Vaccines for Children (VFC) Program.

NOTES: Current law fiscal year data. Totals may not equal the sum of rounded components.

SOURCES: Based on FY 2008 Mid-Session Review; CMS/OFM

December 2007



# **CMS Benefit Payments by Major Program Service Categories** **Fiscal Year 2006**

Type of Service	Total Program Payments		Medicare		Medicaid <sup>1</sup>	
	Amount	Percent Distribution	Amount	Percent Distribution	Amount	Percent Distribution
			Amount in millions			
Total	\$672,276	100.0	\$373,594	100.0	\$298,682	100.0
Inpatient Hospital	177,341	26.4	119,454 <sup>2</sup>	32.0	57,887 <sup>8</sup>	19.4
Nursing Facilities	78,820	11.7	19,235	5.1	59,585 <sup>9</sup>	19.9
Home Health & Related	50,686	7.5	13,019	3.5	37,667 <sup>10</sup>	12.6
Physician & Other Practitioner	97,377	14.5	81,506 <sup>3</sup>	21.8	15,871 <sup>11</sup>	5.3
Outpatient	48,110	7.2	35,409	9.5	12,701 <sup>12</sup>	4.3
Clinic	9,268	1.4	-- <sup>4</sup>	--	9,268 <sup>13</sup>	3.1
Prescribed Drugs	50,949	7.6	33,710 <sup>5</sup>	9.0	17,239 <sup>14</sup>	5.8
Capitation Payments	121,740	18.1	55,881 <sup>6</sup>	15.0	65,859 <sup>15</sup>	22.0
Other Care	37,983	5.6	15,378 <sup>7</sup>	4.1	22,605 <sup>16</sup>	7.6

<sup>1</sup> Payments (Federal and State) from financial management reports (Form CMS-64).

<sup>2</sup> Includes inpatient hospital (\$119,122 million) and Quality Improvement Organization (\$333 million).

<sup>3</sup> Includes physicians, other practitioners, durable medical equipment, ambulatory surgical center facility costs, physician-administered drugs, and other Part B suppliers (total of \$81,438 million) and Quality Improvement Organization (\$68 million).

<sup>4</sup> Covered clinic services are included under outpatient.

<sup>5</sup> Includes transitional assistance benefit payments and state low-income determinations.

<sup>6</sup> Includes Part A managed care payments (\$28,668 million) and Part B managed care payments (\$27,213 million).

<sup>7</sup> Includes hospice (\$8,515 million) and clinical laboratory services furnished in a physician's office and an independent laboratory (\$6,863 million).

<sup>8</sup> Includes Inpatient hospital payments (\$44,226 million) and disproportionate share (DSH) payments (\$13,561 million).

<sup>9</sup> Includes services in nursing facilities (\$47,363 million) and intermediate care facilities for the mentally retarded (\$12,222 million).

<sup>10</sup> Includes home health (\$3,750 million), home and community-based waivers (\$25,083 million), personal care services (\$8,398 million), and home and community-based services for functionally disabled elderly (\$436 million).

<sup>11</sup> Includes physician (\$10,263 million), dental (\$3,423 million), and other practitioner services (\$2,185 million).

<sup>12</sup> Includes outpatient hospital (\$11,345 million) and laboratory/radiological services (\$1,356 million).

<sup>13</sup> Includes clinic (\$6,755 million), rural health clinic (\$605 million), and federally qualified health clinic services (\$1,908 million).

<sup>14</sup> Includes gross prescription drug expenditures (\$28,703 million) and drug rebates (-\$11,464 million).

<sup>15</sup> Includes Medicare premiums (\$10,215 million) and other capitation payments (\$55,644 million).

<sup>16</sup> Includes early and periodic screening, diagnosis and treatment (EPSDT) (\$1,064 million), targeted case management (\$2,842 million), primary care case management (\$342 million), hospice (\$1,640 million), emergency services for undocumented immigrants (\$799 million), miscellaneous coinsurance payments (\$9 million), sterilizations (\$117 million), abortions (\$0.1 million), Program for All-inclusive Care of Elderly (PACE) (\$442 million), community supported living arrangements (\$30 million), other care services (\$11,401 million), and collections net of prior adjustments (\$3,920 million).

NOTE: Because of rounding, table components may not add to totals.

SOURCE: CMS/OACT

December 2007



**Medicare Trust Fund Projections  
Fiscal Years 2005 - 2008**

	2005	2006	2007	2008
HI Total Disbursements <sup>1</sup>	184,142	\$184,901	\$204,274	\$217,483
HI Administrative Expenses <sup>2</sup>	2,088	2,323	2,237	2,272
HI Benefit Payments	180,973	181,462	200,817	214,081
Aged	155,054	154,370	170,012	180,742
Disabled	25,919	27,093	30,805	33,339
HCFAC <sup>3</sup>	1,081	1,116	1,220	1,131
HI Transfer to SMI for Home Health	--			
SMI Total Disbursements <sup>1</sup>	152,735	195,531	229,859	249,017
Part B Administrative Expenses <sup>2</sup>	3,127	3,626	2,962	2,958
Part B Benefit Payments	148,410	158,021	176,595	186,143
Aged	123,666	131,268	146,488	154,238
Disabled	24,744	26,752	30,107	31,906
Part B Transfer to Medicaid <sup>4</sup>	--	--	350	--
Part D Administrative Expenses <sup>2</sup>	--	174	696	741
Part D Benefit Payments <sup>5</sup>	1,198	33,710	49,256	59,174

<sup>1</sup> Current law data. <sup>2</sup> Administrative expenses include the sum of administrative costs, research, QIO expenditures, and Medicare Advantage additional premiums. <sup>3</sup> Net Health Care Fraud and Abuse Control FY 2002 outlays reflect the U.S. Treasury's 2002 Combined Statement. <sup>4</sup> SMI Transfer to Medicaid for Medicare Part B premium assistance. <sup>5</sup> Includes transitional assistance in FY 2005 and FY 2006.

NOTES: Based on FY 2008 Mid-Session Review. Benefit estimates do not reflect proposed legislation. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT/OFM





**Medicare Benefit Payments by Type of Benefit  
Fiscal Years 2004 - 2006**

	Benefit Payment <sup>1</sup>			Percent Distribution
	2004	2005	2006	2006
Total HI <sup>2</sup>	\$163,764	\$180,973	\$181,462	100.0
Inpatient Hospital	114,386	121,796	119,122	65.6
Skilled Nursing Facility	16,665	18,648	19,235	10.6
Home Health Agency	5,211	5,867	5,923	3.3
Hospice	6,571	7,660	8,515	4.7
Managed Care	20,932	27,001	28,668	15.8
Total SMI <sup>2</sup>	131,573	149,607	191,731	100.0
Physician/Other Suppliers	73,707	80,296	81,438	42.5
Outpatient Hospital/Other Providers	27,389	31,190	35,409	18.5
Home Health Agency	5,578	6,758	7,097	3.7
Laboratory	5,874	6,431	6,863	3.6
Managed Care	18,809	23,735	27,213	14.2
Prescription drugs	216	1,198	33,710	17.6

<sup>1</sup> Includes the effect of regulatory items and recent legislation but not proposed law.<sup>2</sup> Excludes QIO expenditures.

NOTES: Based on FY 2008 Mid-Session Review. Benefits by type of service are estimated and are subject to change. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/OACT/OFM

December 2007



**Medicaid Payments by Basis of Eligibility  
Selected Fiscal Years**

	Payments					Percent Distribution
	1985	1990	1995	2000	2003	2003
Amount in millions						
Total	\$37,508	\$64,859	\$120,141	\$168,307	\$233,206	100.0
Age 65 and over	14,096	21,508	36,527	44,503	55,271	23.8
Blind/Disabled	13,452	24,403	49,418	72,742	102,014	43.7
Dependent Children under Age 21	4,414	9,100	17,976	26,775	39,871	17.1
Adults in Families with Dependent Children	4,746	8,590	13,511	17,763	26,800	11.5
Unknown	798	1,051	1,499	6,525	9,250	4.0

NOTES: Beginning in FY 1998, payments include capitated payments as a type of service category.  
Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/CMSO/ORDI



**Medicaid Payments by Type of Service and Basis of Eligibility  
Fiscal Year 2003**

	Total Payments	Inpatient Hospital Services	Long-Term Care Services <sup>1</sup>	Other Services
Percent Distribution				
All Groups	100.0	13.5	23.9	62.6
Age 65 and over	23.7	0.9	14.0	8.8
Blind and Disabled	43.7	5.5	9.5	28.7
Children under Age 21	17.1	2.6	0.1	14.4
AFDC-Type Adults	11.5	2.8	0.0	8.7
Unknown	4.0	1.7	0.3	2.0

<sup>1</sup> Includes services in mental facilities, all nursing facilities, and home health services, and all ICF/MR.

NOTE: Totals may not equal the sum of rounded components.

SOURCE: CMS/ORDI

December 2007





**Medicaid Payments by Type of Service  
Selected Fiscal Years**

	2003	2004	2005
	in billions		
Total	\$262.6	\$281.8	\$300.7
	Percent of Total		
Inpatient Services	14.1	14.8	14.5
General Hospitals	12.7	13.7	13.6
Mental Hospitals	1.3	1.1	0.9
Nursing Facilities <sup>1</sup>	17.0	16.1	15.7
ICF/Mentally Retarded	4.4	4.1	4.0
Community-based Long Term Care Services <sup>2</sup>	10.6	10.8	11.2
Prescribed Drugs <sup>3</sup>	10.3	10.8	10.3
Physician Services	3.7	4.1	4.1
Dental Services	1.2	1.1	1.2
Outpatient Hospital Services	3.8	4.1	4.1
Clinic Services <sup>4</sup>	2.8	2.8	3.0
Laboratory and Radiological Services	0.3	0.4	0.4
Early and Periodic Screening	0.4	0.4	0.4
Targeted Case Management	1.1	1.0	0.9
Capitation Payments (non-Medicare)	17.2	16.4	16.8
Medicare Premiums	2.1	2.3	2.6
Disproportionate Share Hospital Payments	4.9	5.5	5.2
Other Services	5.8	4.5	4.8
Adjustments <sup>5</sup>	0.3	0.9	0.8

<sup>1</sup>Excludes payments under State Children's Health Insurance Program (SCHIP).

<sup>2</sup>Comprised of home health, home and community-based waivers, personal care and home and community-based services for functionally disabled elderly.

<sup>3</sup>Net of prescription drug rebates.

<sup>4</sup>Federal qualified health clinics, rural health clinics, and other clinics.

<sup>5</sup>Includes increasing and decreasing payment adjustments from prior quarters, collections, and other unallocated expenditures.

NOTES: Percent distribution based on rounded numbers.

SOURCES: CMS/CMSO/OACT

December 2007



**National Health Care by Type of Expenditure  
Calendar Year 2005**

	National Total in billions	Per Capita	Percent Paid		
			Total	Medicare	Medicaid
Total	\$1,987.7	\$6,697	32.9	17.2	15.6
Health Services and Supplies	1,860.9	6,270	35.1	18.4	16.7
Personal Health Care	1,661.4	5,598	37.4	19.9	17.4
Hospital Care	611.6	2,061	46.8	29.5	17.3
Physicians' Services	621.7	2,095	22.3	16.3	6.1
Physician and Clinical	421.2	1,419	28.3	21.2	7.1
Nursing and Home Health Care	169.3	570	53.5	21.9	31.6
Retail Outlet Sales	258.8	872	16.0	1.5	14.4
Administrative and Public Health	199.5	672	16.2	5.3	10.9
Research and Construction	126.8	427	--	--	--

NOTES: Data are as of calendar year 2005.

SOURCE: CMS/OACT

December 2007



**CMS Benefit Payments by Major Personal Health Expenditure Service Categories  
Calendar Year 2005**

Type of Service <sup>1</sup>	Total Program Payments		Medicare		Medicaid <sup>5</sup>	
	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution	Amount in billions	Percent Distribution
<b>Total</b>	<b>\$620.7</b>	<b>100.0</b>	<b>\$331.4</b>	<b>100.0</b>	<b>\$289.3</b>	<b>100.0</b>
Hospital Care	\$286.0	46.1	\$180.3	54.4	\$105.7	36.5
Physician and Clinical Services	\$119.2	19.2	\$89.3	26.9	\$29.9	10.3
Dentists' Services	\$4.4	0.7	\$0.1	0.0	\$4.3	1.5
Other Professional Services <sup>2</sup>	\$15.4	2.5	\$11.8	3.6	\$3.6	1.2
Home Health Care <sup>3</sup>	\$33.4	5.4	\$17.9	5.4	\$15.5	5.4
Prescription Drugs	\$41.3	6.7	\$4.0	1.2	\$37.3	12.9
Other Non-Durable Medical Products	\$2.1	0.3	\$2.1	0.6		
Durable Medical Equipment	\$6.8	1.1	\$6.8	2.1		
Nursing Home Care <sup>4</sup>	\$72.7	11.7	\$19.2	5.8	\$53.5	18.5
Other Personal Health Care	\$39.6	6.4			\$39.6	13.7

<sup>1</sup> Service categories used in this table are based on the National Health Expenditure Accounts and differ from those used elsewhere to present program data. For example, expenditures for hospital based nursing homes and hospital based home health services appear as hospital care rather than nursing home care or as home health services.

<sup>2</sup> Other professional services include private duty nurses, chiropractors, optometrists, and other licensed health professionals.

<sup>3</sup> Includes non-facility based home health care and some Medicaid care delivered in homes.

<sup>4</sup> Freestanding nursing facilities only.

<sup>5</sup> Excludes Medicaid SCHIP Expansion & SCHIP.

NOTES: Payments under the Medicaid program are more commonly referred to as medical assistance payments which include vendor payments and certain premiums or per capita payments. The Federal share of total Medicaid payments was 57 percent in calendar year 2005.

SOURCE: CMS/OACT

December 2007



**National Health Expenditures: Public and Private Funding  
Selected Calendar Years**

Calendar Year	GDP in billions	National Health Expenditures									
		Total			Private Funds			Public Funds			
		Amount in billions	Per Capita	Percent of GDP	Amount in billions	Per Capita	Percent of Total	Amount in billions	Per Capita	Percent of Total	
1965	\$719	\$42	\$211	5.9	\$32	\$159	75.1	\$10	\$52	24.9	
1966	\$788	\$46	\$230	5.9	\$32	\$161	70.0	\$14	\$69	30.0	
1967	\$833	\$52	\$256	6.3	\$33	\$161	62.9	\$19	\$95	37.1	
1970	\$1,039	\$75	\$356	7.2	\$47	\$222	62.4	\$28	\$134	37.6	
1975	\$1,638	\$133	\$605	8.1	\$77	\$351	58.0	\$56	\$254	42.0	
1980	\$2,790	\$254	\$1,102	9.1	\$148	\$640	58.1	\$106	\$462	41.9	
1985	\$4,220	\$440	\$1,820	10.4	\$263	\$1,086	59.7	\$177	\$734	40.3	
1986	\$4,463	\$472	\$1,934	10.6	\$278	\$1,140	58.9	\$194	\$794	41.1	
1987	\$4,740	\$513	\$2,084	10.8	\$301	\$1,221	58.6	\$212	\$863	41.4	
1988	\$5,104	\$574	\$2,310	11.2	\$344	\$1,384	59.9	\$230	\$926	40.1	
1989	\$5,484	\$639	\$2,546	11.6	\$383	\$1,525	59.9	\$256	\$1,020	40.1	
1990	\$5,803	\$714	\$2,813	12.3	\$427	\$1,684	59.8	\$287	\$1,130	40.2	
1995	\$7,398	\$1,017	\$3,783	13.7	\$552	\$2,053	54.3	\$465	\$1,730	45.7	
1996	\$7,817	\$1,069	\$3,938	13.7	\$580	\$2,139	54.3	\$488	\$1,800	45.7	
1997	\$8,304	\$1,125	\$4,104	13.6	\$614	\$2,240	54.6	\$511	\$1,864	45.4	
1998	\$8,747	\$1,191	\$4,299	13.6	\$663	\$2,392	55.6	\$528	\$1,907	44.4	
1999	\$9,268	\$1,265	\$4,522	13.7	\$710	\$2,539	56.1	\$555	\$1,983	43.9	
2000	\$9,817	\$1,353	\$4,790	13.8	\$757	\$2,680	55.9	\$596	\$2,110	44.1	
2001	\$10,128	\$1,470	\$5,148	14.5	\$808	\$2,832	55.0	\$661	\$2,316	45.0	
2002	\$10,470	\$1,603	\$5,559	15.3	\$881	\$3,054	54.9	\$722	\$2,504	45.1	
2003	\$10,961	\$1,733	\$5,952	15.8	\$956	\$3,282	55.1	\$778	\$2,670	44.9	
2004	\$11,713	\$1,859	\$6,322	15.9	\$1,021	\$3,472	54.9	\$838	\$2,850	45.1	
2005	\$12,456	\$1,988	\$6,697	16.0	\$1,085	\$3,656	54.6	\$903	\$3,041	45.4	

NOTES: These data reflect Bureau of Economic Analysis Gross Domestic Product as of October 2006. Per capita is calculated using Census resident based population estimates.

SOURCES: CMS/OACT; U.S. Bureau of the Census; and U.S. Department of Commerce, Bureau of Economic Analysis.

December 2007





**National Health Expenditures Source of Funds <sup>1</sup>**  
**Selected Calendar Years**

	1965	1970	1975	1980	1985	1990	1995	2000	2003	2004	2005
Total National Health Expenditures in billions	\$42.2	\$74.9	\$133.1	\$253.9	\$439.9	\$714.0	\$1,016.5	\$1,353.3	\$1,733.4	\$1,858.9	\$1,987.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	75.1	62.4	58.0	58.1	59.7	59.8	54.3	55.9	55.1	54.9	54.6
Out-of-Pocket	42.9	33.3	27.9	23.1	21.8	19.1	14.4	14.3	13.0	12.7	12.5
Private Health Insurance	23.9	20.7	22.9	27.1	29.8	32.7	32.0	33.6	34.8	35.0	34.9
Other Private	8.3	8.5	7.2	7.9	8.2	8.1	7.9	8.1	7.3	7.2	7.1
Federal Government	11.4	23.7	27.3	28.2	28.0	27.1	32.2	30.9	31.9	32.3	32.4
Medicare		10.2	12.3	14.6	16.2	15.3	18.1	16.6	16.4	16.8	17.2
Federal Medicaid		3.8	5.6	5.7	5.1	6.0	8.5	8.7	9.2	9.2	8.9
Other Federal <sup>2</sup>	11.4	9.6	9.5	7.8	6.6	5.9	5.6	5.6	6.3	6.3	6.3
State/Local Government	13.5	13.9	14.7	13.7	12.3	13.0	13.5	13.2	13.0	12.8	13.0
State Medicaid		3.3	4.5	4.5	4.2	4.4	5.8	6.2	6.3	6.4	6.7
Other State/Local <sup>2</sup>	13.5	10.6	10.2	9.2	8.2	8.6	7.8	7.0	6.6	6.4	6.3

<sup>1</sup> Includes personal health care, expenses for prepayment and administration, government public health activities, and research and medical facilities construction.

<sup>2</sup> 1998 and later. Includes Medicaid SCHIP Expansion and SCHIP.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

December 2007



**Personal Health Care Payment Source <sup>1</sup>  
Selected Calendar Years**

	1965	1970	1975	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Total in billions	\$34.7	\$62.9	\$112.7	\$215.3	\$372.3	\$607.5	\$863.7	\$1,139.9	\$1,239.0	\$1,341.2	\$1,446.3	\$1,551.3	\$1,661.4
	Percent Distribution												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Private Funds	79.6	64.7	60.2	60.0	60.8	61.1	55.2	57.3	56.3	56.0	55.8	55.4	55.0
Private Health Insurance	25.1	22.3	24.5	28.4	30.0	33.7	33.2	35.4	35.6	35.9	35.9	36.0	35.9
Out-of-Pocket	52.2	39.6	33.0	27.2	25.7	22.4	16.9	16.9	16.1	15.8	15.5	15.2	15.0
Other Private	2.2	2.8	2.7	4.3	5.1	5.0	5.1	5.0	4.5	4.3	4.4	4.2	4.1
Public Funds	20.4	35.3	39.8	40.0	39.2	38.9	44.8	42.7	43.7	44.0	44.2	44.6	45.0
Federal <sup>2</sup>	8.1	22.9	27.0	28.9	29.2	28.4	34.2	32.5	33.3	33.5	33.7	34.2	34.2
State and Local <sup>2</sup>	12.3	12.4	12.8	11.1	10.0	10.4	10.6	10.2	10.4	10.5	10.4	10.4	10.7

<sup>1</sup> Excludes administrative expenses, research, construction, and other types of spending that are not directed at patient care.

<sup>2</sup> 1998 and later, includes Medicaid SCHIP Expansion and SCHIP.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

December 2007

16



**National Medical Care Price Indicators**  
**(1982-1984=100)**  
**Average Annual Index**

Fiscal Year <sup>1</sup>	CPI			CPI - Medical Care										Commodities	
	All items		All Services		Services										
	Total	Less Medical	Total	Less Medical	Hospital and Related Services								Total	Drugs	
					Hospital Services	Inpatient Services	Outpatient Services	Physicians' Services							
Year Ending June:															
1965	31.2	31.7	26.3	27.1	24.9	22.3	--	--	--	--	24.6 <sup>2</sup>	45.0 <sup>2</sup>	48.0 <sup>2</sup>		
1970	37.8	38.1	33.7	34.3	32.9	31.2	--	--	--	--	33.2	45.8	47.1		
1975	51.8	52.3	46.1	46.5	45.1	44.2	--	--	--	--	45.7	51.3	49.7		
Year Ending September:															
1980	80.0	80.4	75.4	75.6	73.0	72.9	66.9	--	--	--	74.6	73.7	70.8		
1985	106.6	106.3	108.6	108.3	111.7	111.4	114.7	--	--	--	111.5	113.3	117.6		
1990	128.7	126.9	137.2	135.0	159.2	158.9	173.4	--	--	135.1	158.0	160.2	177.5		
1995	151.4	147.6	167.2	162.2	218.3	221.7	254.9	--	--	202.2	206.6	203.6	233.9		
1996	155.6	151.6	172.7	167.3	226.5	230.6	266.8	--	--	212.7	214.7	208.9	240.9		
1997	159.8	155.6	178.1	172.6	233.1	237.5	276.4	<sup>3</sup>	<sup>3</sup>	222.5	221.4	214.3	248.1		
1998	162.4	158.0	183.1	177.3	240.1	244.8	285.2	104.1	103.2	230.9	227.6	219.7	255.4		
1999	165.5	160.9	187.6	181.6	248.4	252.9	296.1	108.1	106.7	242.2	234.5	228.4	269.5		
2000	170.8	166.0	193.5	187.1	258.1	263.0	312.3	114.0	112.1	259.0	242.4	236.5	282.9		
2001	176.3	171.2	201.6	194.9	269.7	275.5	332.7	121.6	119.0	276.8	251.4	244.9	296.4		
2002	178.9	173.4	208.1	201.0	282.2	289.0	359.5	131.6	128.4	300.8	258.7	254.4	312.9		
2003	183.1	177.3	214.9	207.3	294.4	302.9	388.7	142.5	138.1	332.5	266.2	261.4	324.3		
2004	187.4	181.2	221.2	213.0	306.8	317.5	412.7	151.4	146.2	352.3	275.4	267.6	334.1		
2005	193.5	187.0	227.9	219.2	319.9	332.9	434.3	159.5	154.5	368.3	285.3	273.8	345.5		
2006	200.6	193.8	236.9	227.7	333.1	347.1	460.9	169.5	164.6	389.8	290.8	284.2	361.4		

<sup>1</sup> Revisions to scope, concept and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 and later years may differ from that priced in 1996 and earlier years. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 2001. <sup>2</sup> Calculated based on reported June 1964, December 1964 and June 1965 index levels. <sup>3</sup> New series began in January 1997; fiscal year annual average percent change cannot be calculated.

SOURCES: CMS/OACT and U.S. Department of Labor, Bureau of Labor Statistics

December 2007

177





**National Medical Care Price Indicators**  
(1982-1984=100)  
**Average Annual Percent Change from Last Year Shown <sup>1</sup>**

Fiscal Year <sup>2</sup>	CPI			CPI - Medical Care										Commodities	
	All Items			All Services			Services								
				Hospital and Related Services											
	Total	Less Medical	Total	Less Medical	Total	Hospital Services	Inpatient Services	Outpatient Services	Physicians' Services	Total	Drugs				
Year Ending June:															
1965	--	--	--	--	--	--	--	--	--	--	--	--			
1970	3.9	3.7	5.1	5.7	4.8	6.9	--	--	--	6.1	0.4	-0.4			
1975	6.5	6.5	6.5	6.5	6.3	7.2	--	--	--	6.6	2.3	1.1			
Year Ending September:															
1980	8.6	8.6	9.9	9.5	9.8	9.9	--	--	--	9.7	7.1	7.0			
1985	5.9	5.7	7.6	8.9	7.5	8.9	11.4	--	--	8.4	9.0	10.7			
1990	3.8	3.6	4.8	7.3	4.5	7.4	8.6	--	--	7.2	7.2	8.6			
1995	3.3	3.1	4.0	6.5	3.7	6.9	8.0	--	--	8.4	4.9	5.7			
1996	2.8	2.7	3.3	3.8	3.1	4.0	4.7	--	--	5.2	3.9	3.0			
1997	2.7	2.6	3.1	2.9	3.2	3.0	3.6	--	--	4.6	3.1	2.6			
1998	1.6	1.5	2.8	3.0	2.7	3.1	3.2	3	3	3.8	2.5	2.9			
1999	1.9	1.8	2.5	3.5	2.4	3.3	3.8	3.8	3.4	4.9	4.0	5.5			
2000	3.2	3.2	3.1	3.9	3.1	4.0	5.5	5.5	5.1	6.9	3.5	5.0			
2001	3.2	3.1	4.2	4.5	4.1	4.8	6.6	6.6	6.2	6.8	3.6	4.8			
2002	1.5	1.3	3.2	4.6	3.1 #	4.9	8.1	8.2	7.9	8.7	3.9	5.6			
2003	2.3	2.2	3.3	4.3	3.1	4.8	8.1	8.3	7.6	10.5	2.8	3.6			
2004	2.3	2.2	3.2	4.2	2.7	2.0	6.2	6.2	5.9	6.0	2.4	3.0			
2005	3.3	3.2	3.0	4.3	2.9	4.9	5.2	5.4	5.7	4.5	2.3	3.4			
2006	3.7	3.6	3.9	4.1	3.9	4.3	6.1	6.3	6.5	5.8	3.8	4.6			

<sup>1</sup> Based on average of monthly figures for given years. Percent change for 1980 year ending September is calculated as the average annual growth from year ending September 1975 to year ending September 1980.

<sup>2</sup> Revisions to scope, concept, and methodology related to the CPI, beginning in January 1997, make comparisons with earlier periods tenuous, as the goods or services priced in 1997 and later years may differ from that priced in 1996 and earlier years. Also, shifts of the weights assigned to various goods and services have altered the composition of aggregate indexes such as "all items" and "medical care". For changes in titles of components and in definitions, see Bureau of Labor Statistics, CPI Detailed Report, January 2001.

<sup>3</sup> New series begins in January 1997; fiscal year annual average percent change cannot be calculated.

SOURCES: CMS/OACT and U.S. Department of Labor, Bureau of Labor Statistics

December 2007

18



# **Medicare Operations of the HI Trust Fund Selected Fiscal Years**

Fiscal Year <sup>1</sup>	Income					Disbursements				Trust Fund	
	Transfers from Railroad Retirement Account	Transfers for Uninsured Persons	Reimbursement for Voluntary Enrollees	Payments for Military Wage Credits	Interest and Other Income <sup>2</sup>	Total Income	Benefit Payments <sup>3</sup>	Administrative Expenses <sup>4</sup>	Total Disbursements	Net Increase in Fund	Fund at End of Year
	Amount in millions										
1967	\$16	\$327		\$11	\$46	\$3,089	\$2,508	\$89	\$2,597	\$492	\$1,343
1970	64	617		11	137	5,614	4,804	149	4,953	661	2,677
1975	132	481	\$6	48	609	12,568	10,353	259	10,612	1,956	9,870
1980	244	697	17	141	1,072	25,415	23,790	497	24,288	1,127	14,490
1985	371	766	38	86	3,182	50,933	47,841	813	48,654	4,103 <sup>5</sup>	21,277
1990	367	70,655	113	107	7,908	79,563	65,912	774	66,687	12,876	95,631
1995	396	462	998	61	14,876	114,847	113,583	1,300	114,883	-36	129,520
1996	401	419	1,107	-2,293 <sup>6</sup>	14,565	121,135	124,088	1,229	125,317	-4,182	125,338
1997	419	481	1,279	70	13,575	128,548	136,175	1,661	137,836	-9,287	116,050
1998	419	34	1,320	67	14,449	138,203	135,487 <sup>7</sup>	1,653	137,140	1,063	117,113
1999	430	652	1,401	71	16,075	153,015	129,463 <sup>7</sup>	1,978	131,441	21,574	138,687
2000	465	470	1,392	2	19,614	159,681	127,934 <sup>7</sup>	2,350	130,284	29,397	168,084
2001	470	453	1,440	-1,175 <sup>8</sup>	17,896	171,014	139,356 <sup>7</sup>	2,368	141,723	29,290	197,374
2002	425	442	1,525	0	25,796	179,762	145,566 <sup>7</sup>	2,464	148,031	31,731	229,105
2003	426	393	1,598	0	23,557	175,813	151,250 <sup>7</sup>	2,541	153,792	22,021	251,127
2004	419	365	1,799	173	24,611	180,815	164,079	2,920	166,998	13,816	264,943
2005	445	286	2,303	0	24,933	196,921	181,292	2,850	184,142	12,779	277,723
2006	471	408	2,632	0	26,405	210,309	181,815	3,086	184,901	25,408	303,130

<sup>1</sup> Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

<sup>2</sup> Other income includes recoveries of amounts reimbursed from the trust fund income that are not obligations of the trust fund, taxation of benefits, receipts from the fraud and abuse control program, and a small amount of miscellaneous income.

<sup>3</sup> Includes cost of Peer Review Organizations (beginning with the implementation of the Prospective Payment System on October 1, 1983), and costs of Quality Improvement Organizations beginning in 2002.

<sup>4</sup> Includes cost of experiments and demonstration projects and non-expenditure transfers for Health Care Fraud and Abuse Control.

<sup>5</sup> Includes repayment of loan principal from Old Age Survivors Insurance trust fund of \$1,824 million.

<sup>6</sup> Includes the lump sum general revenue transfer of -\$2,366 million, as provided for by section 151 of P.L. 98-21.

<sup>7</sup> Benefit payments plus monies transferred to the SMI trust fund for home health agency costs, as provided by P.L. 105-33.

<sup>8</sup> Includes the lump sum general revenue transfer of -\$1,177 million, as provided for by section 151 of P.L. 98-21.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT

December 2007

20



# Medicare Operations of the SMI Trust Fund Selected Fiscal Years

Fiscal Year <sup>1</sup>	Income			Interest and other income <sup>5,6</sup>	Amount in millions			Disbursements		Trust Fund	
	Premiums from Participants <sup>2</sup>	Government Contributions <sup>3</sup>	Transfers from States <sup>4</sup>		Total Income	Benefit Payments <sup>6,7,8</sup>	Administrative Expenses	Total Disbursements	Net Increase in Fund	Fund at End of Year <sup>9</sup>	
Amount in millions											
1967	\$647	\$623	—	\$15	\$1,285	\$664	\$135 <sup>10</sup>	\$799	\$486	\$486	
1970	936	928	—	12	1,876	1,979	217	2,196	-321	57	
1975	1,887	2,330	—	106	4,322	3,765	404	4,170	152	1,424	
1980	2,928	6,932	—	416	10,275	10,144	593	10,737	-462	4,532	
1985	5,524	17,898	—	1,154	24,577	21,808	923	22,730	1,846	10,646	
1990	11,494 <sup>11</sup>	33,210	—	1,434 <sup>11</sup>	46,138 <sup>11</sup>	41,498	1,524 <sup>11</sup>	43,022 <sup>11</sup>	3,115 <sup>11</sup>	14,527 <sup>11</sup>	
1995	19,244	36,988 <sup>12</sup>	—	1,937	58,169	63,491	1,722	65,213	-7,044	13,874 <sup>12</sup>	
1996	18,931	61,702 <sup>12</sup>	—	1,392	82,025	67,176	1,771	68,946	13,079	26,953 <sup>12</sup>	
1997	19,141	59,471	—	2,193	80,806	71,133	1,420	72,553	8,252	35,206	
1998	19,427	59,919	—	2,608	81,955	74,837 <sup>13</sup>	1,435	76,272	5,683	40,889	
1999	20,160	62,185	—	2,933	85,278	79,008 <sup>13</sup>	1,510	80,518	4,760	45,649	
2000	20,515	65,561	—	3,164	89,239	87,212 <sup>13</sup>	1,780	88,992	247	45,896	
2001	22,307	69,838	—	3,191	95,336	97,466 <sup>13</sup>	1,986	99,452	-4,116	41,780	
2002	24,427	78,318	—	2,960	105,705	106,995 <sup>13</sup>	1,830	108,825	-3,120	38,659	
2003	26,834	80,905	—	2,455	110,194	121,699 <sup>13</sup>	2,356	124,055	-13,861	24,799	
2004	30,341	94,734	—	1,730	126,805	131,673	2,817	134,490	-7,684	17,114	
2005	35,939	115,200	—	1,366	152,505	149,820	2,914	152,735	-230	16,885	
2006	44,216 <sup>14</sup>	162,601	3,630	1,478	211,926	192,058 <sup>14</sup>	3,474 <sup>14</sup>	195,531	16,394	33,279	

<sup>1</sup>Fiscal years 1975 and earlier consist of the 12 months ending on June 30 of each year; fiscal years 1980 and later consist of the 12 months ending on September 30 of each year.

<sup>2</sup>For Part D, premiums include both amounts withheld from Social Security benefit checks (and other certain Federal benefit payments) and amounts paid directly to Part D plans, the premiums paid directly to Part D plans are not displayed on Treasury statements and are estimated.

<sup>3</sup>For Part B, includes matching payments from the general fund, plus certain interest-adjustment items. For Part D, includes all federal government transfers, including amounts for the general subsidy, reinsurance, employer drug subsidy, low-income subsidy, administrative expenses, risk sharing, and State expenses for making low-income eligibility determinations. Includes amounts for the transitional assistance benefits in 2004-2006.

<sup>4</sup>With the availability of Part D drug coverage and low-income subsidies beginning in 2006, Medicaid is no longer the primary payer for full-benefit dual eligibles. States are subject to a contribution requirement and must pay the Part D account in the SMI trust fund a portion of their estimated forgone drug costs for this population. Starting in 2006, states must pay 80 percent of the estimated costs, with this percentage phasing down over a 10-year period, to 75 percent in 2015 and later.

<sup>5</sup>Other income includes recoveries of amounts reimbursed from the trust fund that are not obligations of the trust fund and other miscellaneous income.

<sup>6</sup>Values after 2005 include additional premiums for Medicare Advantage (MA) plans that are deducted from beneficiaries' Social Security checks. These additional premiums are beneficiary obligations and occur when a beneficiary chooses an MA plan whose monthly plan payment exceeds the benchmark amount. Beneficiaries subject to such premiums may choose to either reimburse the plans directly or have the premiums deducted from their Social Security checks. The premiums deducted from the Social Security checks are transferred to the HI and SMI trust funds and then transferred from the trust funds to the plans.

<sup>7</sup>Includes costs of Peer Review Organizations from 1983 through 2001 and costs of Quality Improvement Organizations beginning in 2002.

<sup>8</sup>For Part D, includes payments to plans, subsidies to employer-sponsored retiree prescription drug plans, payments to States for making low-income eligibility determinations. Part D drug premiums collected from beneficiaries and transferred to Medicare Advantage plans and private drug plans, and premium amounts paid directly by enrollees to plans. (The last item is on an estimated basis; see footnote 2.) Includes amounts for the transitional assistance benefits in 2004-2006.

<sup>9</sup>The financial status of the program depends on both the total net assets and the liabilities of the program.

<sup>10</sup>Administrative expenses shown include those paid in fiscal years 1966 and 1967.

<sup>11</sup>Includes the impact of the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360).

<sup>12</sup>General fund transfers of \$6.7 million could not be made in FY 1995 due to the absence of funding. Subsequently, a transfer was made in March 1996. Consequently, SMI government contributions are anomalously low for FY 1995 and anomalously high for FY 1996.

<sup>13</sup>Benefit payments less monies transferred from the HI trust fund for home health agency costs, as provided for by the Balanced Budget Act of 1997.

<sup>14</sup>Includes an estimated \$1,779 million for premiums paid directly to Part D plans. See also footnotes 2 and 8.

NOTE: Totals do not necessarily equal the sum of rounded components.

SOURCE: CMS/OACT





Fiscal Year	Total Income (less interest)	Premiums from Participants			Government Contributions <sup>1, 2</sup>		
		Total	Aged	Disabled	Total	Aged	Disabled
1967	\$1,270	\$647	\$647	--	\$623	\$623	--
1970	1,863	936	936	--	928	928	--
1975	4,217	1,887	1,736	\$151	2,330	1,711	\$619
1980	9,860	2,928	2,637	291	6,932	5,608	1,324
1985	23,422	5,524	5,042	482	17,898	15,072	2,826
1990	44,704	11,494 <sup>3</sup>	10,138	995	33,210	31,107	2,103
1995	56,232	19,244	17,126	2,117	36,988	31,146	5,842
1996	80,633	18,931	16,858	2,073	61,702	52,353	9,349
1997	78,613	19,141	16,984	2,158	59,471	51,082	8,390
1998	79,346	19,427	17,153	2,274	59,919	51,483	8,436
1999	82,345	20,160	17,722	2,438	62,185	53,653	8,532
2000	86,076	20,515	17,961	2,554	65,561	54,741	10,820
2001	92,146	22,307	19,447	2,861	69,838	57,817	12,021
2002	102,744	24,427	21,173	3,254	78,318	65,650	12,668
2003	107,739	26,834	23,114	3,720	80,905	67,496	13,409
2004	124,859	30,341	25,873	4,468	94,518	76,113	18,405
2005	149,942	35,940	30,394	5,546	114,002	92,002	22,000
2006	175,884	41,629	35,606	6,023	134,255	111,140	23,115
Percent change							
1967-2006	13,749	6,334	5,403	--	21,450	17,739	--
1975-2006	4,071	2,106	1,951	3,889	5,662	6,396	3,634
2003-2004	16	13	12	20	17	13	37
2004-2005	20	18	17	24	21	21	20
2005-2006	17	16	17	9	18	21	5

<sup>2</sup> Government contributions include not only amounts to help cover program costs but adjustments to the assets to account for contingencies.

<sup>2</sup> Government contributions include not only amounts to help cover program costs but adjustments to the assets to account for contingencies. Since the financing rates to determine both premium rates and government contributions are set prospectively, the financing may not be adequate to cover actual program expenditures. Consequently, trust fund assets contain contingency levels to cover the impact of a reasonable degree of variation between actual and projected expenditures. The government contributions include adjustments to maintain adequate contingency levels. Some of the adjustments increase the contingency levels when they have been depleted and in other cases decrease the levels when they are more than sufficient.

<sup>3</sup> Total includes the catastrophic premiums due to the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360).

NOTES: Totals do not necessarily equal the sum of rounded components. For more detail on fund transactions, see "Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds." Legislation mandates that from January 1984 through December 1990, and January 1996 and thereafter the monthly premium for aged enrollees be kept at a constant 25 percent

SOURCE: CMS/OACT

December 2007





**Medicare Ratio of SMI Benefit Payments to Premium Income  
Selected Fiscal Years**

Fiscal Year	Benefit Payments			Ratio of Benefit Payments to Premium Income		
	Total	Aged	Disabled	Total	Aged	Disabled
Amount in millions						
1967	\$664	\$664	--	1.0	1.0	--
1970	1,979	1,979	--	2.1	2.1	--
1975	3,765	3,289	\$476	2.0	1.9	3.2
1980	10,144	8,497	1,647	3.5	3.2	5.7
1985	21,808	19,077	2,731	3.9	3.8	5.7
1990	41,498	36,837	4,661	3.7	3.6	4.7
1995	63,491	54,831	8,660	3.3	3.2	4.1
1996	67,176	57,816	9,360	3.5	3.4	4.5
1997	71,133	61,002	10,131	3.7	3.6	4.7
1998	75,815	65,144	10,670	3.9	3.8	4.7
1999	79,187	68,025	11,162	3.9	3.8	4.6
2000	88,918	76,450	12,468	4.3	4.3	4.9
2001	100,569	86,078	14,491	4.5	4.4	5.1
2002	108,163	91,868	16,295	4.4	4.3	5.0
2003	119,524	100,564	18,961	4.5	4.4	5.1
2004	131,357	109,890	21,467	4.3	4.2	4.8
2005	148,410	123,666	24,744	4.1	4.1	4.5
2006	158,021	131,268	26,752	3.8	3.7	4.4
Percent change						
1967-2006	23,698	19,669	--			
1975-2006	4,097	3,891	5,520			
1985-2006	625	588	880			
1995-2006	149	139	209			
2003-2004	10	9	13			
2004-2005	13	13	15			
2005-2006	6	6	8			

NOTE: For more detail on fund transactions, see "Annual Report of the Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds."

SOURCE: CMS/OACT

December 2007



# **Medicare Administrative Expenses Selected Fiscal Years**

Fiscal Year	Administrative Expenses	
	Amount in Millions	Percent of Benefit Payments
<b>HI Trust Fund</b>		
1967	\$89	3.5
1970	149	3.1
1975	259	2.5
1980	497	2.1
1985	813	1.7
1990	774	1.2
1995	1,300	1.1
1996	1,229	1.0
1997	1,661 <sup>1</sup>	1.2
1998	1,653 <sup>1</sup>	1.2
1999	1,978 <sup>1</sup>	1.5
2000	2,350 <sup>1</sup>	1.9
2001	2,368 <sup>1</sup>	1.7
2002	2,464 <sup>1</sup>	1.7
2003	2,541 <sup>1</sup>	1.7
2004	2,920 <sup>1</sup>	1.8
2005	2,850 <sup>1</sup>	1.6
2006	3,086 <sup>1</sup>	1.7
<b>SMI Trust Fund<sup>2</sup></b>		
1967	135 <sup>3</sup>	20.3
1970	217	11.0
1975	405	10.8
1980	593	5.8
1985	922	4.2
1990	1,524	3.7
1995	1,722	2.7
1996	1,771	2.6
1997	1,420	2.0
1998	1,435	1.9
1999	1,510	1.9
2000	1,780	2.0
2001	1,986	2.0
2002	1,830	1.7
2003	2,356	1.9
2004	2,817	2.1
2005	2,914	1.9
2006	3,474	1.8

<sup>1</sup> Includes non-expenditure transfers for Health Care Fraud and Abuse Control.

<sup>2</sup> Includes Part D beginning in FY 2004.

<sup>3</sup> Includes expenses paid in fiscal years 1966 and 1967.

SOURCE: CMS/OACT

December 2007



**Medicare Contractors  
2006**

	Intermediaries	Carriers
Blue Cross/Blue Shield	23	16
Other	2	3

NOTE: Data as of December 2006.

SOURCE: CMS/OFM



**Medicare Appeals  
Fiscal Year 2007**

	Intermediary Reconsiderations	Carrier Reviews
Number Processed	33,632	1,899,721
Percent With Increased Payments	27	56.4

SOURCE: CMS/OFM

December 2007





**Medicare Physician/Supplier Claims Charge Reductions**  
**Selected Fiscal years 1980 - 2007**

Fiscal Year	Claims Approved		Total Covered Charges		
	Number in thousands	Percent Reduced	Amount in millions	Percent Reduced	Amount Reduced per Claim
<u>Assigned (HCFA-1490/1500)</u>					
1980	70,937	80.0	\$6,878	22.5	\$21.81
1985	168,587	81.7	20,743	27.0	33.19
1990	329,061	87.6	48,711	32.6	48.22
1995	534,972	86.4	91,672	42.2	72.31
1996	544,639	87.1	96,205	44.4	78.42
1997	564,461	87.5	102,279	45.7	82.74
1998	573,077	87.6	105,682	46.5	85.91
1999	586,227	88.7	113,008	47.5	91.76
2000	612,875	88.3	124,024	47.7	96.69
2001	646,131	87.7	139,272	47.9	103.22
2002	722,826	87.7	152,373	56.3	135.31
2003	749,313	90.1	184,370	51.8	127.43
2004	796,291	90.8	209,051	52.6	138.34
2005	839,900	91.3	232,129	54.0	146.64
2006	840,991	87.4	243,922	52.5	152.64
2007	823,586	93.3	250,730	57.5	174.81
<u>Unassigned (HCFA-1490/1500)</u>					
1980	66,207	83.7	\$6,527	22.3	\$21.96
1985	77,646	84.6	10,051	25.6	33.12
1990	75,879	90.3	8,702	25.3	28.97
1995	32,695	83.9	2,725	15.6	13.01
1996	24,390	84.5	2,071	15.6	13.22
1997	19,765	84.4	1,726	16.3	14.23
1998	16,051	82.9	1,450	16.9	15.26
1999	14,061	81.6	1,321	17.5	16.49
2000	13,128	79.4	1,301	18.1	17.85
2001	12,200	77.7	1,254	18.1	18.59
2002	11,352	79.8	1,107	17.2	21.01
2003	11,101	81.7	1,058	15.2	15.03
2004	10,597	83.3	1,050	16.3	16.17
2005	9,809	84.4	1,017	17.4	18.04
2006	8,761	82.3	924	17.5	18.46
2007	7,503	87.6	798	18.3	19.41

NOTE: Charge reduction is the total dollar amount reduced as a result of charge determination made by a carrier.

SOURCE: CMS/OFM

December 2007



**Medicare Charge Determination Data for Physician/Supplier Claims  
Selected Fiscal Years 1975-2007**

Fiscal Year	Claims Paid or Applied to Deductible		Claims on Which Charge Reductions Were Made				
	Number in thousands	Total Covered Charges in thousands	Number in thousands	Percent of Claims Paid or Applied to Deductible	Amount of Reduction		Avg. Amount per Approved Claim
					Total in thousands	Percent of Covered Charges	
1975	75,694	\$5,324,636	50,738	67.0	\$863,847	16.2	\$11.41
1980	145,157	13,765,039	113,707	78.3	3,063,364	22.3	21.10
1985	246,337	30,800,071	203,405	82.6	8,168,817	26.5	33.16
1986	272,969	34,692,565	227,127	83.2	9,664,309	27.9	35.40
1987	307,437	39,952,727	254,672	82.8	10,879,839	27.2	35.39
1988	342,580	45,434,338	293,027	85.5	12,867,579	28.3	37.56
1989	370,288	50,646,122	321,851	86.9	15,139,981	29.9	40.89
1990	404,939	57,413,496	356,775	88.1	18,063,716	31.5	44.61
1991	451,700	65,680,424	394,615	87.4	22,179,014	33.8	49.10
1992	476,024	72,733,350	413,095	86.8	27,170,734	37.4	57.08
1993	500,572	78,984,666	439,888	87.9	32,089,244	40.6	64.11
1994	538,808	86,344,476	473,907	88.0	35,823,544	41.5	66.49
1995	567,666	94,396,848	489,467	86.2	39,108,517	41.4	68.89
1996	569,029	98,276,302	494,764	86.9	43,035,169	43.8	75.63
1997	584,226	104,004,862	510,568	87.4	46,987,436	45.2	80.43
1998	589,128	107,132,423	515,427	87.5	49,475,682	46.2	83.98
1999	600,288	114,329,416	531,776	88.6	54,023,415	47.3	90.00
2000	626,003	125,325,545	551,784	88.1	59,491,359	47.5	95.03
2001	658,003	140,525,531	576,428	87.6	66,918,719	47.6	101.65
2002	721,854	164,157,590	637,918	88.4	82,053,460	50.0	113.67
2003	760,414	185,427,866	673,846	88.6	93,614,898	50.5	123.11
2004	806,888	210,101,630	719,566	89.2	108,045,544	51.4	133.90
2005	849,709	233,147,025	761,788	89.7	123,332,600	52.9	145.15
2006	849,252	244,846,729	728,116	85.7	126,631,974	51.7	149.11
2007	831,089	251,528,546	762,103	91.7	142,487,455	56.6	171.45

NOTE: Data prior to July 1, 1976 exclude claims handled by the Social Security Administration's Office of Direct Reimbursement.

SOURCE: CMS/OFM

December 2007

27



**Medicaid Administrative Expenses**  
**Fiscal Years 2004 - 2006**

	2004	2005	2006
Amount in thousands			
Total Payments Computable for Federal Funding <sup>1</sup>	\$14,503,895	\$15,174,358	\$16,045,154
Federal Share <sup>1</sup>			
Family Planning	\$31,394	\$32,768	\$27,814
Design, Development or Installation of MMIS <sup>2</sup>	382,248	243,837	223,015
Skilled Professional Medical Personnel	374,289	446,952	414,534
Operation of an Approved MMIS	1,081,075	1,164,110	1,206,772
Mechanized Systems Not Approved Under MMIS	146,258	80,830	93,128
All Other	6,014,626	6,358,260	6,783,681
Total Federal Share	\$8,029,890	\$8,326,757	\$8,748,944
Net Adjusted Federal Share <sup>3</sup>	\$8,048,054	\$8,256,214	\$8,730,266

<sup>1</sup> Source: Form CMS-64 (Net Expenditures Reported -- Administration).

<sup>2</sup> Medicaid Management Information System.

<sup>3</sup> Includes CMS adjustments.

SOURCE: CMS/CMSO

December 2007



# **Medicare Enrollees Selected Years**

	1975	1980	1985	1990	1995	2000	2005	2006	2007	2008
	Number in millions									
HI and/or SMI										
Total	24.5	28.3	31.0	34.1	37.4	39.6	42.4	43.1	44.0	44.8
Aged	22.4	25.3	28.0	30.8	33.1	34.2	35.7	36.2	36.9	37.6
Disabled	2.0	3.0	2.9	3.3	4.4	5.4	6.7	6.9	7.1	7.3
HI										
Total	24.1	27.9	30.5	33.6	37.0	39.1	42.0	42.7	43.5	44.5
Aged	22.0	24.9	27.5	30.3	32.6	33.8	35.3	35.8	36.4	37.1
Disabled	2.0	3.0	2.9	3.3	4.4	5.4	6.7	6.9	7.1	7.3
SMI										
Total	23.3	27.1	29.7	32.4	35.5	37.3	39.6	40.1	40.6	41.3
Aged	21.5	24.4	27.1	29.5	31.6	32.5	33.7	33.6	33.9	34.5
Disabled	1.8	2.7	2.7	2.9	3.9	4.7	5.9	6.1	6.3	6.4
HI and SMI	23.0	26.7	29.2	31.9	35.1	36.8	39.1	39.7	40.2	40.9
HI Only	1.1	1.2	1.2	1.7	1.9	2.3	2.9	3.0	3.3	3.6
SMI Only	0.4	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4

NOTES: Data through 2005 are historical and may have been revised from earlier editions. Data for FY 2007 and FY 2008 represent projections.

SOURCE: CMS/OACT

December 2007





# **Medicare HI and/or SMI Enrollment Demographics 2006**

	Total	Male	Female
All Persons	43,338,571	19,140,219	24,198,352
Aged Persons	36,316,594	15,395,048	20,921,546
65 - 74	18,596,431	8,630,939	9,965,492
75 - 84	12,769,306	5,230,099	7,539,207
85 and over	4,950,857	1,534,010	3,416,847
Disabled Persons	7,021,977	3,745,171	3,276,806
Under 45	1,798,104	984,890	813,214
45 - 54	2,192,065	1,170,698	1,021,367
55 - 64	3,031,808	1,589,583	1,442,225
White	36,234,731	16,007,210	20,227,521
Black	4,320,124	1,841,104	2,479,020
All Other	2,707,569	1,263,708	1,443,861
Native American	179,794	80,630	99,164
Asian/Pacific Islander	759,763	328,685	431,078
Hispanic	1,045,902	489,670	556,232
Other	722,110	364,723	357,387
Unknown Race	76,147	28,197	47,950

NOTES: Data are as of July 1. Data by race are shown by the expanded categories specified by the Office of Management and Budget's Statistical Directive 15 (Federal Register, 1978). The use of the category of "Other" reflects CMS' use of SSA's Master Beneficiary Record which was not expanded. See Arday et al., "HCFA's Racial and Ethnic Data: Current Accuracy and Recent Improvements," HCF Review, Vol. 21, No. 4.

SOURCE: CMS/ORDI



**Medicare HI and/or SMI Enrollment End Stage Renal Disease Demographics  
2006**

	Number of Enrollees
All Persons	384,011
Age	
Under 65	209,111
65 and over	174,900
Sex	
Male	214,145
Female	169,866
Race	
White	206,765
Black	131,107
Asian	9,453
Hispanic	19,776
Native North American	4,803
Other	10,488
Unknown	1,619

NOTES: Data as of July 1, 2006.

SOURCE: CMS/ORDI

December 2007



# Medicare HI Enrollment Demographics Selected Years

Year	Number in thousands	Total	Percent Distribution by Age					Median Age in Years
			65-69	70-74	75-79	80-84	85+	
1966	19,082	100.0	34.1	28.7	19.8	11.2	6.2	72.6
1970	20,361	100.0	33.3	27.2	20.3	12.0	7.2	73.0
1975	22,472	100.0	33.5	26.3	19.3	12.5	8.4	73.0
1980	25,104	100.0	33.1	26.3	18.8	12.2	9.6	73.0
1985	27,683	100.0	31.9	26.3	19.2	12.3	10.3	73.3
1990	30,464	100.0	31.4	25.7	19.5	12.7	10.7	73.5
1995	32,742	100.0	28.7	26.4	19.8	13.5	11.6	74.0
2000	34,247	100.0	26.5	24.8	21.0	14.0	12.4	74.6
2003	35,001	100.0	26.8	23.7	20.6	14.9	12.8	74.7
2004	35,328	100.0	27.4	23.3	20.3	15.2	12.9	74.8
2005	35,777	100.0	27.4	23.1	20.1	15.2	13.2	74.8
2006	35,953	100.0	28.1	23.2	19.9	15.2	13.6	74.7



Year	All Persons	Percent Distribution of Aged Enrollees by Sex and Race						
		Male			Female			
		Total	White	Non- White	Unknown	Total	White	Non- White Unknown
1966	100.0	42.6	38.6	3.4	0.6	57.4	50.8	4.1 2.5
1970	100.0	41.8	37.4	3.5	0.9	58.2	51.9	4.4 1.9
1975	100.0	40.8	36.2	3.6	1.0	59.2	52.8	4.7 1.7
1980	100.0	40.4	35.7	3.7	1.1	59.5	52.9	4.9 1.7
1985	100.0	40.3	35.4	3.7	1.2	59.7	52.8	5.1 1.8
1990	100.0	40.3	35.2	3.9	1.2	57.7	52.1	5.8 1.9
1995	100.0	40.7	35.9	3.8	1.0	59.3	52.2	5.8 1.4
2000	100.0	41.2	35.9	5.2	0.1	58.8	50.9	7.6 0.2
2003	100.0	41.8	36.2	5.5	0.1	58.1	50.0	7.9 0.2
2004	100.0	42.0	36.3	5.6	0.1	58.0	49.8	8.1 0.1
2005	100.0	42.2	36.4	5.7	0.1	57.8	49.4	8.3 0.1
2006	100.0	42.4	36.5	5.8	0.1	57.6	49.1	8.4 0.1

NOTES: Data as of July. Totals do not necessarily equal the sum of rounded components.

SOURCES: CMS/ORDI/HGIS

December 2007





**Medicare State Buy-Ins for SMI  
2000 - 2006**

Type of Beneficiary <sup>1</sup>	2000	2004	2005	2006
All Persons				
Number	5,549,170	6,539,825	6,844,885	7,115,145
Percent of SMI Enrolled	14.9	16.7	17.3	17.6
Aged				
Number	3,632,069	4,085,885	4,225,838	4,352,514
Percent of SMI Enrolled	11.1	12.2	12.5	12.7
Disabled				
Number	1,917,101	2,453,938	2,619,046	2,762,630
Percent of SMI Enrolled	41.2	44.4	45.1	45.6

<sup>1</sup> Buy-ins represent beneficiaries in person-years for whom the State paid the Medicare SMI premium during the year. Percent calculated using Part B person-years.

SOURCE: CMS/ORDI

December 2007



# **Medicaid Enrollment and Beneficiaries Selected Fiscal Years**

	1975	1980	1985	1990	1995	2000	2005	2006	2007
	Average monthly enrollment in millions								
Total	NA	NA	NA	22.9	33.4	33.6	45.4	46.9	48.1
Aged	NA	NA	NA	3.1	3.7	3.7	4.6	4.9	5.0
Blind/Disabled	NA	NA	NA	3.8	5.8	6.7	8	8.3	8.5
Children	NA	NA	NA	10.7	16.5	16.2	22.2	22.9	23.5
Adults	NA	NA	NA	4.9	6.7	6.9	10.8	10.8	11.1
Other Title XIX	NA	NA	NA	0.5	0.6	NA	NA	NA	NA
SCHIP	NA	NA	NA	NA	NA	2.1	4.4	4.4	4.2
	Unduplicated annual enrollment in millions								
Total	22.4	21.6	21.8	25.3	42.5	43.3	57.4	59.4	60.9
Aged	3.7	3.4	3.1	3.2	4.4	4.3	5.6	5.6	6.0
Blind/Disabled	2.4	2.8	3.0	3.7	6.5	7.5	8.9	9.3	9.5
Children	9.8	9.3	9.8	11.2	21.3	20.9	27.7	28.5	29.2
Adults	4.7	4.8	5.5	6.0	9.4	10.6	15.3	15.8	16.2
Other Title XIX	1.9	1.5	1.2	1.1	0.9	NA	NA	NA	NA
SCHIP	NA	NA	NA	NA	NA	3.3	6.9	6.9	6.7

NOTES: Territories not included in Medicaid numbers. Medicaid enrollment excludes Medicaid expansion SCHIP programs. SCHIP numbers include adults covered under waivers.

SOURCES: CMS/CMSO/OACT

December 2007



# **Medicaid Eligibles Demographics Selected Fiscal Years**

	2002	2003	2004
	In millions		
Total eligibles	51.5	55.4	58.2
Age	51.5	55.4	58.2
Under 21	27.8	29.8	31.4
21 - 64	18.0	19.5	20.7
65 and over	5.5	5.9	6.0
Unknown	0.1	0.1	0.1
Sex	51.5	55.4	58.2
Male	20.7	22.4	23.6
Female	30.7	32.9	34.5
Unknown	0.3	0.1	0.1
Race	51.5	55.4	58.2
White, not Hispanic	22.5	24.2	25.4
Black, not Hispanic	12.2	12.9	13.4
American Indian/Alaskan Native	0.7	0.8	0.8
Asian	1.2	1.5	1.5
Hawaiian/Pacific Islander	0.6	0.6	0.5
Hispanic	10.8	12.1	12.8
Other	0.1	--	--
Unknown	3.4	3.3	3.6

-- Less than 100,000.

NOTES: Totals do not necessarily equal the sum of rounded components. Eligible is defined as any one eligible and enrolled in the Medicaid program at some point during the fiscal year, regardless of duration of enrollment, receipt of a paid medical service, or whether or not a capitated payment for managed care or private health insurance coverage has been made.

SOURCES: CMS/CMSO

December 2007



**Life Expectancy at Birth and at Age 65 by Race and Sex: United States  
Selected Calendar Years**

Calendar Year	All Races			White			Black		
	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female
At Birth									
1950	68.2	65.6	71.1	69.1	66.5	72.2	60.8	59.1	62.9
1980	73.7	70.0	77.4	74.4	70.7	78.1	68.1	63.8	72.5
1985	74.7	71.1	78.2	75.3	71.8	78.7	69.3	65.0	73.4
1990	75.4	71.8	78.8	76.1	72.7	79.4	69.1	64.5	73.6
1995	75.8	72.5	78.9	76.5	73.4	79.6	69.6	65.2	73.9
2000	77.0	74.3	79.7	77.6	74.9	80.1	71.9	68.3	75.2
2001	77.2	74.4	79.8	77.7	75.0	80.2	72.2	68.6	75.5
2002	77.3	74.5	79.9	77.7	75.1	80.3	72.3	68.8	75.6
2003	77.5	74.8	80.1	78.0	75.3	80.5	72.7	69.0	76.1
2004	77.8	75.2	80.4	78.3	75.7	80.8	73.1	69.5	76.3
At Age 65									
1950	13.9	12.8	15.0	NA	12.8	15.1	13.9	12.9	14.9
1980	16.4	14.1	18.3	16.5	14.2	18.4	15.1	13.0	16.8
1985	16.7	14.5	18.5	16.8	14.5	18.7	15.2	13.0	16.9
1990	17.2	15.1	18.9	17.3	15.2	19.1	15.4	13.2	17.2
1995	17.4	15.6	18.9	17.6	15.7	19.1	15.6	13.6	17.1
2000	18.0	16.2	19.3	18.0	16.3	19.4	16.2	14.2	17.7
2001	18.1	16.4	19.4	18.2	16.5	19.5	16.4	14.4	17.9
2002	18.2	16.6	19.5	18.2	16.6	19.5	16.6	14.6	18.0
2003	18.4	16.8	19.8	18.5	16.9	19.8	17.0	14.9	18.5
2004	18.7	17.1	20.0	18.7	17.2	20.0	17.1	15.2	18.6

SOURCE: Public Health Service, Health United States, 2007.

December 2007





**Life Expectancy at Age 65  
Based on U.S. Life Table Functions**

Calendar Year	Male	Female
Number in years		
1965	12.9	16.3
1970	13.1	17.1
1980	14.0	18.4
1990	15.1	19.1
2000	15.9	19.0
2010 <sup>1</sup>	16.7	19.2
2020 <sup>1</sup>	17.4	19.7
2030 <sup>1</sup>	18.0	20.2
2040 <sup>1</sup>	18.5	20.8
2050 <sup>1</sup>	19.1	21.3
2060 <sup>1</sup>	19.6	21.8
2070 <sup>1</sup>	20.1	22.3
2075 <sup>1</sup>	20.4	22.5
2080 <sup>1</sup>	20.6	22.8
2085 <sup>1</sup>	20.8	23.0

<sup>1</sup> Preliminary or estimated.

NOTE: The life expectancy is the average number of years of life remaining to a person if he were to experience the age-specific mortality rates for the tabulated year throughout the remainder of his life.

SOURCE: SSA/OACT

December 2007



**Medicare Short-Stay Hospital Utilization  
Selected Fiscal Years**

	1990	1999	2000	2004	2005	2006
<b>Discharges</b>						
Total in millions	10.5	11.7	11.8	13.0	13.0	12.5
Rate per 1,000 Enrollees <sup>1</sup>	313	310	303	316	308	291
<b>Days of Care</b>						
Total in millions	94	71	71	75	75	71
Rate per 1,000 Enrollees <sup>1</sup>	2,805	1,897	1,825	1,834	1,771	1,655
<b>Average Length of Stay</b>						
All short-stay	9.0	6.1	6.0	5.8	5.7	5.6
Excluded Units <sup>2</sup>	19.5	12.6	12.3	11.5	11.6	11.7
<b>Total Charges per Day</b>	<b>\$1,060</b>	<b>\$2,496</b>	<b>\$2,720</b>	<b>\$4,458</b>	<b>\$4,882</b>	<b>\$5,344</b>

<sup>1</sup> The population base is HI enrollment excluding HI enrollees residing in foreign countries.

<sup>2</sup> Includes alcohol/drug, psychiatric, and rehabilitation units through 1990, and psychiatric and rehabilitation units from 1997 through 2006.

NOTES: Data may reflect under reporting due to a variety of reasons including: operational difficulties experienced by intermediaries; no-pay, at-risk managed care utilization; and no-pay Medicare secondary payer bills. Average length of stay is shown in days. The data for 1990 through 2006 are based on 100 percent MEDPAR. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

December 2007



**Medicare Short-Stay Hospital Days per Person by Days of Care  
Calendar Year 2006**

Total Days of Care	Persons Using Number of Days	Percent Distribution	Cumulative Percent Distribution	Total Days Used	Percent Distribution	Days Per Person
TOTAL	7,333,120	100.0	---	70,301,460	100.0	9.6
1 day	809,360	11.0	11.0	809,360	1.2	1.0
2 days	827,420	11.3	22.3	1,654,840	2.4	2.0
3 days	903,625	12.3	34.6	2,710,875	3.9	3.0
4 days	703,635	9.6	44.2	2,814,540	4.0	4.0
5 days	534,185	7.3	51.5	2,670,925	3.8	5.0
6 days	434,200	5.9	57.4	2,605,200	3.7	6.0
7 days	366,140	5.0	62.4	2,562,980	3.6	7.0
8 days	301,275	4.1	66.5	2,410,200	3.4	8.0
9 days	246,705	3.4	69.9	2,220,345	3.2	9.0
10 days	213,450	2.9	72.8	2,134,500	3.0	10.0
11 days	186,685	2.5	75.3	2,053,535	2.9	11.0
12 days	160,170	2.2	77.5	1,922,040	2.7	12.0
13 days	143,085	2.0	79.5	1,860,105	2.6	13.0
14 days	131,585	1.8	81.3	1,842,190	2.6	14.0
15 days	114,600	1.6	82.9	1,719,000	2.4	15.0
16 days	101,085	1.4	84.3	1,617,360	2.3	16.0
17 days	90,935	1.2	85.5	1,545,895	2.2	17.0
18 days	81,760	1.1	86.6	1,471,680	2.1	18.0
19 days	73,395	1.0	87.6	1,394,505	2.0	19.0
20 days	66,675	0.9	88.5	1,333,500	1.9	20.0
21-30 days	428,880	5.8	94.3	10,636,165	15.1	24.8
31-40 days	191,230	2.6	96.9	6,669,310	9.5	34.9
41-50 days	94,880	1.3	98.2	4,267,480	6.1	45.0
51-60 days	51,160	0.7	98.9	2,813,365	4.0	55.0
61-90 days	56,345	0.8	99.7	4,055,090	5.8	72.0
91 days or more	20,655	0.3	100.0	2,506,475	3.6	121.3

NOTES: These data reflect total individual hospital days during the calendar year. A beneficiary may have multiple hospital stays. Days from all stays are combined. Calendar year data are derived from 2006 MEDPAR stay record file. This file includes stays recorded in CMS central office through June 2007. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

December 2007



**Medicare Short-Stay Hospital Discharges by Length of Stay  
Calendar Year 2006**

Total Length of Stay	Discharges (aged and disabled)			Total Days of Care		
	Number	Percent Distribution	Cumulative Percent Distribution	Number	Percent Distribution	Cumulative Percent Distribution
TOTAL	12,384,100	100.0	--	70,301,460	100.0	--
1 day	1,739,685	14.0	14.0	1,739,685	2.5	2.5
2 days	1,788,935	14.4	28.4	3,577,870	5.1	7.6
3 days	1,959,220	15.8	44.2	5,877,660	8.4	16.0
4 days	1,534,255	12.4	56.6	6,137,020	8.7	24.7
5 days	1,131,165	9.1	65.7	5,655,825	8.0	32.7
6 days	866,145	7.0	72.7	5,196,870	7.4	40.1
7 days	693,270	5.6	78.3	4,852,890	6.9	47.0
8 days	513,055	4.1	82.4	4,104,440	5.8	52.8
9 days	375,825	3.0	85.4	3,382,425	4.8	57.6
10 days	292,695	2.4	87.8	2,926,950	4.2	61.8
11 days	235,870	1.9	89.7	2,594,570	3.7	65.5
12 days	184,810	1.5	91.2	2,217,720	3.2	68.7
13 days	158,920	1.3	92.5	2,065,960	2.9	71.6
14 days	145,725	1.2	93.7	2,040,150	2.9	74.5
15 days	112,610	0.9	94.6	1,689,150	2.4	76.9
16 days	85,930	0.7	95.3	1,374,880	2.0	78.9
17 days	71,550	0.6	95.9	1,216,350	1.7	80.6
18 days	60,960	0.5	96.4	1,097,280	1.6	82.2
19 days	50,140	0.4	96.8	952,660	1.4	83.6
20 days	45,035	0.4	97.2	900,700	1.3	84.9
21-30 days	225,215	1.8	99.0	5,486,795	7.8	92.7
31-40 days	62,205	0.5	99.5	2,156,515	3.1	95.8
41-50 days	24,575	0.2	99.7	1,101,585	1.6	97.4
51-60 days	11,015	0.1	99.8	604,825	0.9	98.3
61-90 days	10,895	0.1	99.9	777,060	1.1	99.4
91 days or more	4,395	<sup>1</sup>	100.0	573,825	0.8	100.2

<sup>1</sup> Less than 0.05%

NOTES: These data reflect individual stays. A beneficiary may use more than one stay and each is counted separately. Calendar year data are derived from the 2006 MEDPAR stay record file. This file includes stays recorded in CMS central office through June 2007. Totals do not necessarily equal the sum of rounded components. Data may differ from other sources or from the same source with different update cycle.

SOURCE: CMS/ORDI

December 2007





# **Medicare Short-Stay Hospital DRGs Ranked by Discharges** **Fiscal Year 2006**

Rank	DRG No.	Discharges <sup>1</sup>		Average Length of Stay	Average Charge Per Discharge	Total Payments <sup>2</sup> (in thousands)	Total Medicare Payments (in thousands)	Other Third Party Payer Payments (OTPP) (in thousands)	Beneficiary Liability <sup>3</sup> (in thousands)	Average Payments and Liabilities <sup>4</sup>			
		Number	Percent							Total	Medicare	OTPP	Beneficiary
		12,492,501	100.0	5.6	\$30,419	\$121,225,920	\$107,051,501	\$5,530,913	\$8,643,506	\$9,704	\$8,569	\$443	\$692
1	127	635,662	5.1	5.0	20,417	3,997,537	3,534,470	92,220	370,846	6,289	5,560	145	583
2	089	476,068	3.8	5.3	20,364	2,926,548	2,504,792	87,798	333,958	6,147	5,261	184	701
3	544	445,454	3.6	4.3	38,474	5,324,405	4,599,572	335,975	388,858	11,953	10,326	754	873
4	088	381,113	3.1	4.7	17,762	2,037,049	1,708,407	72,251	256,390	5,345	4,483	190	673
5	430	344,303	2.8	10.6	19,146	2,443,990	2,139,109	48,569	256,313	7,098	6,213	141	744
6	182	333,115	2.7	4.4	17,502	1,740,527	1,462,616	67,611	210,299	5,225	4,391	203	631
7	416	313,249	2.5	7.4	36,876	3,368,359	3,062,011	98,795	207,552	10,753	9,775	315	663
8	014	267,519	2.1	5.3	24,186	2,039,548	1,780,668	61,152	197,728	7,624	6,656	229	739
9	462	260,350	2.1	12.2	28,470	3,895,436	3,780,856	67,995	46,585	14,962	14,522	261	179
10	174	249,990	2.0	4.6	21,043	1,559,171	1,350,536	41,148	167,487	6,237	5,402	165	670
11	316	234,401	1.9	6.0	24,848	1,855,555	1,659,923	54,131	141,501	7,916	7,082	231	604
12	320	229,961	1.8	4.9	17,349	1,198,338	1,025,788	21,088	151,462	5,211	4,461	92	659
13	143	224,031	1.8	2.1	11,946	795,813	595,669	36,224	163,920	3,552	2,659	162	732
14	296	211,814	1.7	4.4	16,348	1,073,492	917,917	28,094	127,482	5,068	4,334	133	602
15	138	208,908	1.7	3.8	16,587	1,064,097	892,222	31,541	140,334	5,094	4,271	151	672
16	558	185,591	1.5	1.7	43,294	2,559,326	2,244,756	175,523	139,047	13,790	12,095	946	749
17	079	151,934	1.2	7.8	31,620	1,440,200	1,315,379	32,414	92,407	9,479	8,658	213	608
18	121	133,409	1.1	5.9	29,682	1,237,953	1,125,841	27,331	84,780	9,279	8,439	205	635
19	557	129,739	1.0	3.9	57,250	2,355,975	2,123,613	139,474	92,888	18,159	16,368	1,075	716
20	148	129,160	1.0	11.8	68,376	2,871,180	2,651,614	118,246	101,319	22,230	20,530	916	784
21	210	127,756	1.0	6.5	37,436	1,450,307	1,318,041	34,225	98,041	11,352	10,317	268	767
22	475	127,204	1.0	10.1	68,243	2,915,144	2,725,704	97,698	91,742	22,917	21,428	768	721
23	141	126,813	1.0	3.4	15,759	597,780	493,082	15,171	89,528	4,714	3,888	120	706
24	277	123,573	1.0	5.3	17,700	666,246	552,066	26,997	87,182	5,392	4,468	218	706
25	395	116,821	0.9	4.2	17,452	602,833	506,187	23,049	73,598	5,160	4,333	197	630

<sup>1</sup> Based on the stay records for 100% of Medicare aged and disabled beneficiaries as recorded in the MEDPAR file.

<sup>2</sup> Total payments represent total hospital revenue for Medicare enrollee utilization, including Medicare payments, other third party payer payments, and potential beneficiary liability. Excluded bills for no-pay, at-risk managed care utilization and no-pay Medicare secondary payer bills.

<sup>3</sup> Beneficiary liability is the responsibility of the beneficiary or some other third payer on behalf of the beneficiary. It represents potential revenue to the provider.

<sup>4</sup> Average payments are calculated using actual dollar amount, not rounded data as shown.

SOURCE: CMS/ORDI

December 2007

4/2



# **Medicare Ranking for all Short-Stay Hospital Fiscal Year 2006 versus 2005**

FY Rank <sup>1</sup>		Descriptions
2006	2005	
1	1	Heart Failure and Shock
2	2	Simple Pneumonia and Pleurisy, Age over 17 with Complications and Comorbidities
3	<sup>2</sup> 3	Major Joint Replacement or Reattachment of Lower Extremity
4	4	Chronic Obstructive Pulmonary Disease
5	5	Psychoses
6	6	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disorders, Age over 17 with Complications and Comorbidities
7	7	Septicemia, Age over 17
8	9	Intracranial Hemorrhage or Cerebral Infarction
9	8	Rehabilitation
10	10	Gastrointestinal Hemorrhage with Complications and Comorbidities
11	16	Renal Failure
12	14	Kidney and Urinary Tract Infections, Age over 17 with Complications and Comorbidities
13	13	Chest Pain
14	11	Nutritional and Miscellaneous Metabolic Disorders, Age over 17 with Complications and Comorbidities
15	15	Cardiac Arrhythmia and Conduction Disorders, with Complications and Comorbidities
16	<sup>3</sup>	Percutaneous Cardiovascular Procedures with Drug-Eluting Stent without Major CV Diagnosis
17	17	Respiratory Infections and Inflammations, Age over 17 with Complications and Comorbidities
18	18	Circulatory Disorders with Acute Myocardial Infarction, and Major Complications, Discharged Alive
19	21	Percutaneous Cardiovascular Procedures with Drug-Eluting Stent with Major CV Diagnosis
20	19	Major Small and Large Bowel Procedures with Complications and Comorbidities
21	20	Hip and Femur Procedures except Major Joint, Age over 17 with Complications and Comorbidities
22	22	Respiratory System Diagnosis with Ventilator Support
23	21	Syncope and Collapse with Complications and Comorbidities
24	24	Cellulitis Age over 17 with Complications and Comorbidities
25	25	Red Blood Cell Disorders Age over 17

<sup>1</sup>Ranked by Discharges

<sup>2</sup>Formerly DRG 209

<sup>3</sup>New code

SOURCE: CMS/ORDI

December 2007

47



**MEDICARE PHYSICIAN/SUPPLIER LEADING PROCEDURES DATA RANKED BY ALLOWED CHARGES  
CALENDAR YEAR 2006**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges
All Procedure Codes (Levels I, II, and III) Leading Procedure Codes (Level I only)			
99213	Office/outpatient visit, est	\$110,388,233,006	100.0
99214	Office/outpatient visit, est	\$48,716,360,495	44.1
99232	Subsequent hospital care	\$2,907,478,264	2.6
66984	Cataract surg w/iol, 1 stage	\$2,235,129,492	2.0
99233	Subsequent hospital care	\$1,530,492,829	1.4
78465	Heart image (3d), multiple	\$1,164,554,830	1.1
88305	Tissue exam by pathologist	\$1,116,941,576	1.0
99285	Emergency dept visit	\$1,116,234,823	1.0
99244	Office consultation	\$1,030,345,644	0.9
92014	Eye exam & treatment	\$936,389,510	0.8
99215	Office/outpatient visit, est	\$915,486,489	0.8
99223	Initial hospital care	\$897,102,093	0.8
99212	Office/outpatient visit, est	\$863,048,516	0.8
93307	Echo exam of heart	\$861,824,539	0.8
99254	Initial inpatient consult	\$841,207,072	0.8
97110	Therapeutic exercises	\$825,402,400	0.7
99291	Critical care, first hour	\$753,275,356	0.7
99243	Office consultation	\$612,911,537	0.6
99231	Subsequent hospital care	\$610,349,516	0.6
77418	Radiation tx delivery, imrt	\$585,740,159	0.5
99255	Initial inpatient consult	\$575,826,535	0.5
99284	Emergency dept visit	\$518,306,946	0.5
70553	Mri brain w/o & w/dye	\$517,349,900	0.5
99245	Office consultation	\$502,416,384	0.5
99203	Office/outpatient visit, new	\$489,145,561	0.4
90806	Psytx, off, 45-50 min	\$480,537,447	0.4
98941	Chiropractic manipulation	\$478,508,428	0.4





**MEDICARE PHYSICIAN/SUPPLIER LEADING PROCEDURES DATA RANKED BY ALLOWED CHARGES  
CALENDAR YEAR 2006**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges
99308	Nursing fac care, subseq	\$474,315,394	0.4
92012	Eye exam established pat	\$444,521,501	0.4
93880	Extracranial study	\$443,177,686	0.4
99204	Office/outpatient visit, new	\$437,811,547	0.4
93325	Doppler color flow add-on	\$435,665,545	0.4
99238	Hospital discharge day	\$423,455,424	0.4
78815	Tumorimage pet/ct skul-thigh	\$421,587,394	0.4
27447	Total knee arthroplasty	\$411,219,776	0.4
93320	Doppler echo exam, heart	\$385,946,854	0.3
99309	Nursing fac care, subseq	\$381,736,857	0.3
96413	Chemo, iv infusion, 1 hr	\$378,782,521	0.3
45378	Diagnostic colonoscopy	\$371,208,903	0.3
99222	Initial hospital care	\$367,111,531	0.3
72148	Mri lumbar spine w/o dye	\$364,529,216	0.3
43239	Upper GI endoscopy, biopsy	\$353,433,907	0.3
99253	Initial inpatient consult	\$331,496,930	0.3
85025	Complete cbc w/auto diff wbc	\$326,629,682	0.3
20610	Drain/inject, joint/bursa	\$326,516,524	0.3
45385	Lesion removal colonoscopy	\$319,832,575	0.3
92980	Insert intracoronary stent	\$317,824,012	0.3
84443	Assay thyroid stim hormone	\$298,862,150	0.3
97140	Manual therapy	\$298,195,098	0.3
93000	Electrocardiogram, complete	\$293,936,837	0.3
80061	Lipid panel	\$288,598,658	0.3
93510	Left heart catheterization	\$288,354,781	0.3
99283	Emergency dept visit	\$283,984,104	0.3
11721	Debride nail, 6 or more	\$279,675,097	0.3
66821	After cataract laser surgery	\$277,311,465	0.3
17000	Destroy benign/premng lesion	\$277,290,529	0.3
71020	Chest x-ray	\$277,088,673	0.3
45380	Colonoscopy and biopsy	\$276,156,559	0.3





**MEDICARE PHYSICIAN/SUPPLIER LEADING PROCEDURES DATA RANKED BY ALLOWED CHARGES  
CALENDAR YEAR 2006**

Procedure Code	Description	Allowed Charges	Percent of Allowed Charges
80053	Comprehen metabolic panel	\$273,941,991	0.2
90862	Medication management	\$267,439,297	0.2
76075	Dxa bone density, axial	\$265,800,415	0.2
17304	1 stage mohs, up to 5 spec	\$265,182,956	0.2
76092	Mammogram, screening	\$257,663,416	0.2
92004	Eye exam, new patient	\$253,575,066	0.2
99239	Hospital discharge day	\$251,268,874	0.2
71260	Ct thorax w/dye	\$244,720,224	0.2
72193	Ct pelvis w/dye	\$244,265,198	0.2
93015	Cardiovascular stress test	\$242,422,464	0.2
74160	Ct abdomen w/dye	\$239,223,654	0.2
70450	Ct head/brain w/o dye	\$236,242,425	0.2
77427	Radiation tx management, x5	\$226,943,322	0.2
78478	Heart wall motion add-on	\$222,969,509	0.2
78480	Heart function add-on	\$219,524,985	0.2
99211	Office/outpatient visit, est	\$206,206,169	0.2

<sup>1</sup> Allowed charges for leading Level I procedure codes are shown as a percent of all physician and supplier allowed charges (Levels I, II, and III) submitted to Part B carriers.

<sup>2</sup> The total number of procedure codes (Levels I, II and III) is 13,617.

<sup>3</sup> Allowed charges were aggregated by procedure code and include both the physician and ASC allowed charges. The above listed 74 procedure codes (out of a total of 8,674 Level I codes) account for approximately 44% of all allowed charges.

NOTES: The Current Procedural Terminology (CPT) codes, descriptions and other data only are Copyright 2005 American Medical Association. All Rights Reserved (or such other date of publication of CPT). CPT is a trademark of the American Medical Association (AMA). For fuller description of each procedure, see the above publication.

SOURCE: CMS/ORDI

December 2007



**Leading Medicare Physician and Supplier BETOS  
Classifications Based on Allowed Charges  
Calendar Years 2005 and 2006**

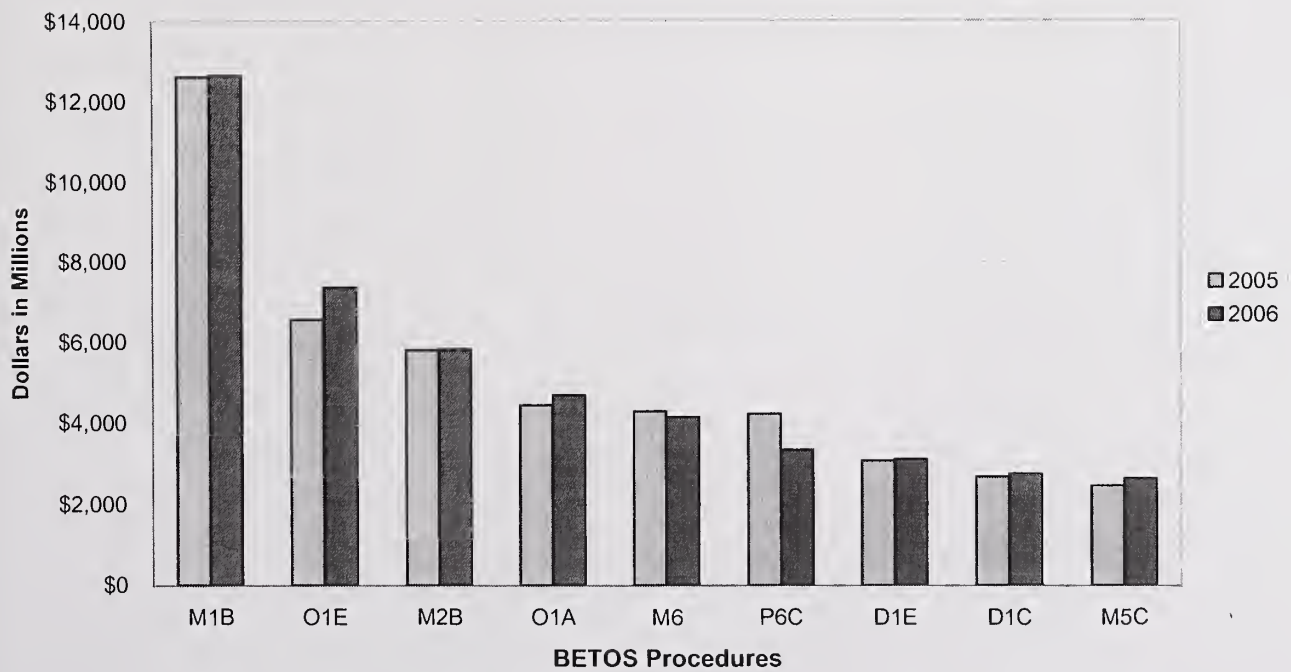
Betos Code	Description	Medicare Allowed Charges	
		2005	2006
ALL BETOS CODES		\$108,125,894,150	\$110,388,233,006
M1B	OFFICE VISITS - ESTABLISHED	12,608,767,043	12,638,010,145
O1E	OTHER DRUGS	6,561,564,887	7,371,619,303
M2B	HOSPITAL VISIT - SUBSEQUENT	5,800,765,234	5,820,991,330
O1A	AMBULANCE	4,445,879,523	4,690,494,059
M6	CONSULTATIONS	4,290,648,884	4,149,426,970
P6C	MINOR PROCEDURES - OTHER (MFS)	4,235,284,372	3,351,391,338
D1E	OTHER DME	3,070,537,366	3,109,233,622
D1C	OXYGEN AND SUPPLIES	2,679,455,077	2,753,989,330
M5C	SPECIALIST - OPHTHALMOLOGY	2,465,317,354	2,527,330,411

NOTE: BETOS is the Berenson/Eggers Type of Service classification system, a joint Urban Institute/Centers for Medicare & Medicaid Services effort.

SOURCE: CMS/ORDI



### BETOS Allowed Charges



SOURCE: CMS/ORDI

December 2007



**Medicare Persons Served by Type of Coverage  
Selected Calendar Years**

	1975	1980	1985	1995	2000	2005	2006
Aged Persons Served							
per 1,000 Enrollees							
HI and/or SMI	528	638	722	826	916	923	932
HI	221	240	219	218	232	234	234
SMI	536	652	739	858	965	979	994
Disabled Persons Served							
per 1,000 Enrollees							
HI and/or SMI	450	594	669	759	835	865	877
HI	219	246	228	212	196	205	205
SMI	471	634	715	837	943	977	998

NOTES: Prior to 2000, utilization rates per 1,000 enrollees came from the Annual Person Summary and were not yet modified to exclude persons enrolled in managed care. Beginning in 2000, utilization counts are based on a five-percent sample of fee-for-service beneficiaries and the rates are adjusted to exclude managed care enrollees.

SOURCES: CMS/ORDI





**Medicare Persons Served by Type of Service  
Calendar Year 2006**

	Aged		Disabled	
	Persons Served in thousands <sup>1</sup>	Served per 1,000 Enrollees <sup>2</sup>	Persons Served in thousands <sup>1</sup>	Served per 1,000 Enrollees <sup>2</sup>
Hospital and/or Supplementary Medical Insurance	27,603	932	5,461	877
Hospital Insurance	6,843	234	1,227	197
Inpatient Hospital	6,230	213	1,237	199
Skilled Nursing Facility	1,707	58	131	21
Home Health Agency	1,539	53	175	28
Hospice	890	30	49	8
Supplementary Medical Insurance	27,326	994	5,406	998
Physician/Other Supplier	26,952	980	5,254	970
Outpatient	20,009	728	4,001	738
Home Health Agency	1,291	47	169	31

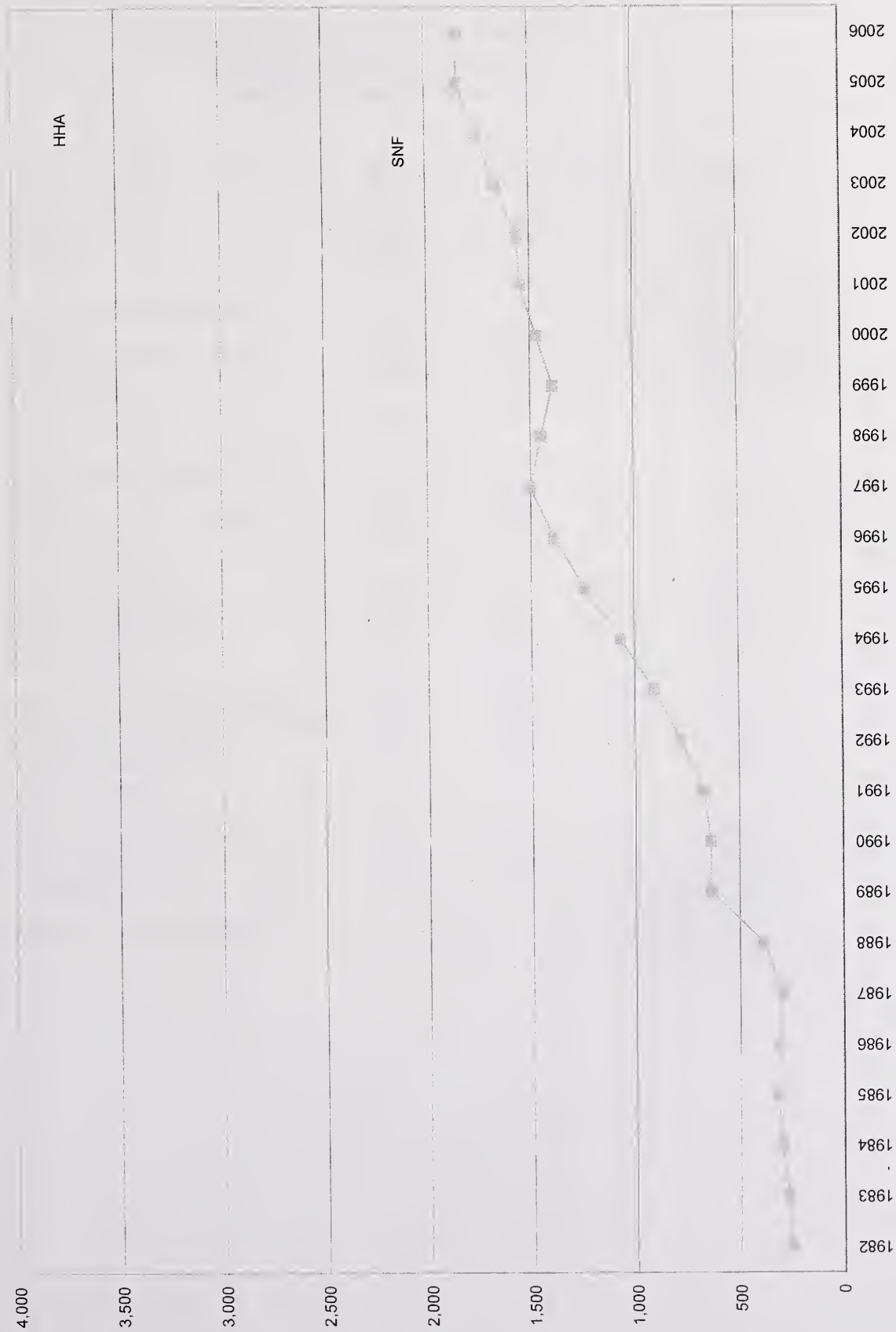
<sup>1</sup> Medicare fee-for-service enrollees who received a covered service for which Medicare Trust Fund payments were made and for which bills were received and processed in CMS Central Office

<sup>2</sup> Rates exclude members of prepaid health care plans

SOURCE: CMS/ORDI

December 2007







**End Stage Renal Disease Care Provided by  
Medicare Approved Facilities  
Selected Calendar Years**

	1990	2000	2003	2004
Dialysis Patients	129,800	273,333	310,095	320,404
Outpatient	107,160	245,207	281,460	292,084
Home	22,640	28,126	28,635	28,320
Dialysis Patient Eligibility Status				
Medicare	113,127	227,238	275,830	283,263
Medicare Application Pending	9,582	18,763	20,363	22,413
Non-Medicare	7,091	27,332	13,902	14,728
Transplant Patients	9,779	14,311	15,563	16,527
Transplant Patient Eligibility Status				
Medicare	8,340	10,260	13,303	14,258
Medicare Application Pending	633	1,540	1,261	1,318
Non-Medicare	806	2,500	999	951
Transplant Procedures	9,796	14,311	15,589	16,568
Living Related Donor	2,001	4,052	4,217	4,200
Living Unrelated Donor	90	1,375	1,970	2,306
Cadaveric Donor	7,705	8,884	9,402	10,062
Medicare Approved ESRD Facilities	2,072	4,153	4,584	4,719
Dialysis (Hospital and Non-Hospital)	1,799	3,869	4,439	4,467
Transplant and Dialysis	169	146	143	133
Transplant Only	53	96	104	117
Inpatient Care Only	51	42	2	0
Average Dialysis Payment Rate	\$127	\$129	\$129	\$129
Hospital Based	129	131	131	131
Independents	125	127	127	127

SOURCES: CMS/OCSQ/CMM

December 2007



### Home Health Agency - Medicare National Summary

Calendar Year	Total Patients	Total Reimbursement	Total Visits	Average Reimbursement Per Patient	Average Visits Per Patient
2004	2,839,738	\$11,500,462,624	88,871,918	\$4,050	31
2005	2,979,297	12,885,434,951	95,536,624	4,325	32
2006	3,031,814	14,041,853,560	103,931,188	4,632	34

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

### Hospice - Medicare National State Summary

Calendar Year	Total Patients	Total Reimbursement	Total Covered Days	Average Reimbursement Per Patient	Average Days Per Patient
2004	797,117	\$6,717,148,526	51,795,947	\$8,427	65
2005	871,249	7,903,597,514	58,338,000	9,072	67
2006	939,331	9,237,159,630	68,624,748	9,834	73

NOTE: Data include Puerto Rico and Virgin Islands.

### Skilled Nursing Facilities - Medicare National Summary

Calendar Year	Total Discharges	Total Reimbursement	Total Covered Days	Average Reimbursement Per Discharge	Average Days Per Discharge
2004	1,763,700	\$17,119,488,718	62,299,920	\$9,060	33
2005	1,981,832	19,031,937,365	65,870,299	9,603	33
2006	1,985,313	20,456,449,438	67,497,716	10,304	34

NOTES: Reimbursement and total covered days based on discharges and continuing stays.  
Data include Puerto Rico, Virgin Islands, and unknown. Data does not include swing bed units.

### Outpatient - Medicare National Summary

Calendar Year	Total Patients	Total Charges	Total Payments	Average Charge Per Patient	Average Payment Per Patient
2004	23,980,989	\$145,380,076,245	\$30,291,897,520	\$6,062	1,263
2005	24,411,115	175,759,614,426	33,794,137,404	7,200	1,384
2006	23,992,767	195,741,495,639	35,426,201,339	8,158	1,477

NOTE: Data include Puerto Rico, Virgin Islands, and unknown.

SOURCES: CMS/ORDI/OIS

December 2007





**Medicaid Eligibles by Type of Service  
Fiscal Years 2001 - 2003**

	2001	2002	2003
	Number in thousands		
Total Eligibles	46,757	51,499	55,182
Number Using Services			
Total Beneficiaries, any service <sup>1</sup>	45,562	45,777	51,971
Inpatient Services			
General Hospitals	4,895	4,744	5,217
Mental Hospitals	91	96	104
Nursing Facilities Services <sup>2</sup>	1,697	1,497	1,691
ICF Services			
Mentally Retarded	117	115	114
Physician Services	20,142	20,996	22,857
Dental Services	6,985	7,679	8,510
Other Practitioner Services	5,071	5,459	5,746
Outpatient Hospital Services	13,796	14,193	15,511
Clinic Services	8,444	9,125	10,162
Laboratory & Radiological Services	12,337	13,415	14,687
Home Health Services	1,011	1,035	1,184
Personal Care Support Services	4,970	5,511	779
Prescribed Drugs	22,004	23,909	26,075
Sterilization	145	145	160
PCCM Services	6,223	6,917	7,542
HMO Capitation	23,108	24,507	21,324
Targeted Case Management	N/A	N/A	2,468
PHP Capitation	N/A	N/A	15,810
Other Services, Unspecified	9,696	10,600	9,760
Additional Service Categories	N/A	N/A	7,094
Unknown	143	N/A	88

<sup>1</sup> Excludes summary records with unknown basis of eligibility, most of which are lump-sum payments not attributable to any one person.

<sup>2</sup> Nursing facilities include: SNFs and all categories of ICF, other than "MR".

<sup>3</sup> "MR" indicates mentally retarded.

NOTES: "Total eligibles" based on preliminary data. Beginning in 1998, beneficiary counts include Medicaid eligibles enrolled in Medicaid Managed Care Organizations.

SOURCE: CMS/CMSO

December 2007



**National Community Hospital Utilization  
1973 - 2005**

Year	Admissions in millions	Inpatient Days in millions	Average Stay in days	Outpatient Visits in millions	Adjusted Expenses per Inpatient Day
1973	31.7	248	7.8	173	\$102
1974	32.9	255	7.8	189	114
1975	33.4	258	7.7	191	134
1976	34.0	261	7.7	201	153
1977	34.3	261	7.6	199	174
1978	34.5	262	7.6	202	194
1979	35.1	265	7.6	199	217
1980	36.1	273	7.6	202	245
1981	36.4	278	7.6	203	284
1982	36.4	278	7.6	248	327
1983	36.2	273	7.6	210	369
1984	35.2	257	7.3	212	411
1985	33.4	237	7.1	219	460
1986	32.4	229	7.1	232	501
1987	31.6	227	7.2	246	539
1988	31.5	227	7.2	269	586
1989	31.1	225	7.2	286	637
1990	31.2	226	7.2	301	687
1991	31.1	223	7.2	322	752
1992	31.0	221	7.1	349	820
1993	30.7	216	7.0	367	881
1994	30.7	207	6.7	383	931
1995	30.9	200	6.5	414	968
1996	31.1	194	6.2	440	1,006
1997	31.6	193	6.1	450	1,033
1998	31.8	191	6.0	474	1,067
1999	32.4	192	5.9	495	1,103
2000	33.0	192	5.8	521	1,149
2001	33.8	194	5.7	538	1,217
2002	34.5	197	5.7	556	1,290
2003	34.8	197	5.7	563	1,379
2004	35.1	198	5.6	572	1,450
2005	35.2	197	5.6	584	1,522

SOURCE: American Hospital Association

December 2007



**Medicare Hospital and SNF/NF/ICF Facility Counts  
December 2007**

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Total Hospitals	6,167
Type of Hospital	
Short-Term Hospitals under Inpatient PPS (IPPS)	3,677
--Psychiatric Units	1,272
--Rehabilitation Units	972
--Swing Bed Hospitals	560
Psychiatric	489
Long-term	395
Rehabilitation	219
Childrens	80
Religious Non-Medical	16
Critical Access	1,291
Non-Participating Hospitals	757
Emergency	407
Federal	350
All Skilled Nursing Facilities/SNF-NFs/NFs Only	15,057
Skilled Nursing Facilities	831
--Hospital-Based	362
--Free-Standing	469
SNF-NFS Combination	14,226
--Hospital-Based	774
--Free-Standing	13,452
Title 19 Only NFs	788
--Hospital-Based	141
--Free-Standing	647
All Intermediate Care/Mentally Retarded Facilities	6,438

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NOTES: This table is designed to give a "snapshot" as of December 2007 of institutional providers participating in the program by type of provider (short term, long term, rehab, etc.). Numbers may differ from other reports and program memoranda.

SOURCES: CMS/CMM/CMSO/ORDI

December 2007



**Medicare Inpatient Hospitals  
Selected Years**

	1980	1990	2000	2005	2006
Total Hospitals	6,777	6,522	5,985	6,180	6,177
Beds in thousands	1,150	1,105	991	947	939
Beds per 1,000 Enrollees <sup>1</sup>	41.0	32.8	25.3	22.5	21.8
Short-Stay	6,104	5,549	4,900	3,790	3,702
Beds in thousands	991	970	873	812	803
Beds per 1,000 Enrollees <sup>1</sup>	35.3	28.8	22.3	19.3	18.7
Critical Access Hospitals	NA	NA	NA	1,217	1,284
Beds in thousands	--	--	--	28	29
Beds per 1,000 Enrollees <sup>1</sup>	--	--	--	0.7	0.7
Other Non-Short-Stay	673	973	1,094	1,173	1,191
Beds in thousands	159	135	118	107	107
Beds per 1,000 Enrollees <sup>1</sup>	5.7	4.0	3.0	2.5	2.5

<sup>1</sup> Based on number of HI enrollees as of July 1.

NOTES: Facility data for 1980 are as of July 1. Facility data for 1990, and 2000-2006 are as of December 31st., and represent essentially those facilities eligible to participate the start of the next calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCES: CMS/ORDI





**Other Medicare Providers and Suppliers**  
**Selected Years**

	1980	1985	1990	2005	2006
Skilled Nursing Facilities	5,052	6,451	8,937	15,006	15,028
Home Health Agencies	2,924	5,679	5,730	8,090	8,618
Clinical Lab Improvement Act Facilities	NA	NA	NA	196,296	199,817
End Stage Renal Disease Facilities	999	1,393	1,937	4,755	4,892
Outpatient Physical Therapy	419	854	1,195	2,962	3,009
Portable X-Ray	216	308	443	553	549
Rural Health Clinics	391	428	551	3,661	3,723
Comprehensive Outpatient Rehabilitation Facilities	NA	72	186	634	589
Ambulatory Surgical Centers	NA	336	1,197	4,445	4,707
Hospices	NA	164	825	2,872	3,071

NOTES: Facility data for selected years 1980-1990 are as of July 1. Facility data for 2004 and 2005 are as of December 31, 2005 and December 31, 2006, respectively, and represent essentially those facilities eligible to participate the start of the calendar year. Facilities certified for Medicare are deemed to meet Medicaid standards.

SOURCE: CMS/ORDI

December 2007



**Selected Medicare Facilities by Type of Control  
2006**

	Short Stay Hospitals	Skilled Nursing Facilities	Home Health Agencies
All Facilities	3,702	15,028	8,618
Percent Distribution			
Voluntary	59.7	27.4	24.6
Proprietary	20.6	67.6	65.2
Government	19.7	5.0	10.2

NOTES: Data as of December 31, 2006. Facilities certified for Medicare are deemed to meet Medicaid standards. Percent distribution may not add to 100 percent due to rounding.

SOURCES: CMS/ORDI



**Medicare PIP Facilities  
Selected Years**

	1975	1980	1985	1990	2000	2004	2005	2006
Hospitals								
Number of PIP	1,524	2,276	3,242	1,352	869	626	671	639
Percent of Total Participating	22.5	33.8	48.3	20.6	14.4	10.8	10.9	10.3
Skilled Nursing Facilities								
Number of PIP	161	203	224	774	1,236	526	847	837
Percent of Total Participating	4.1	3.9	3.4	7.3	8.3	3.5	5.6	5.6
Home Health Agencies								
Number of PIP	86	481	931	1,211	1,038	46	59	90
Percent of Total Participating	3.8	16.0	16.0	21.0	14.4	0.1	0.1	1.0

NOTES: Data from 1985 to date are as of September; prior years are as of December. These are facilities receiving periodic interim payments (PIP) under Medicare. Effective for claims received on or after July 1, 1987, the Omnibus Budget Reconciliation Act of 1986 (P.L. 99-509) eliminates PIP for many PPS hospitals when the servicing intermediary meets specified processing time standards.

SOURCE: CMS/OFM

December 2007



## Medicare Participating Physician Program

Participation Status	Number of Physicians <sup>1</sup>	Participation Status				
		January 2007	January 2006	January 2005	January 2004	January 2003
Participating	871,865	93.6%	93.3%	92.0%	91.9%	91.5%
Billing Medicare	931,579					

<sup>1</sup> Includes M.D.s, D.O.s, limited license practitioners, and non-physician practitioners.

NOTES: The participating physician program was originally enacted as a part of the 1984 Deficit Reduction Act (DEFRA). Congress provided additional incentives through the 1986 Omnibus Budget Reconciliation Act (OBRA). CMS wrote to physicians to explain the benefits of participation beginning January 1, 1989. Participation counts reflect physicians who are participating in at least one practice setting. For example, a physician who is participating in private practice but not in his group practice is counted as participating.

SOURCE: CMS/OFM

58a





**Medicare Assigned Claims  
Selected Fiscal Years**

Fiscal Year	Net Assignment Rate <sup>1</sup>
1975	51.9
1980	51.4
1985	67.7
1990	80.9
1995	94.2
1996	95.6
1997	96.5
1998	97.2
1999	97.5
2000	97.8
2001	98.1
2002	98.3
2003	98.5
2004	98.7
2005	98.8
2006	99.6
2007	99.7

<sup>1</sup> The net assignment rate is the percentage of assigned claims to total assigned/unassigned claims received. If a physician or supplier agrees to accept assignment, he or she agrees not to charge more than the Medicare approved fee for a particular service.

SOURCE: CMS/OFM

December 2007



# Participation Rates as Percentage of Physicians, by Specialty Selected Periods

	Jan. 2000 Dec. 2000	Jan. 2003 Dec. 2003	Jan. 2004 Dec. 2004	Jan. 2005 Dec. 2005	Jan. 2006 Dec. 2006	Jan. 2007 Dec. 2007
Percent of Physicians Participating						
Physicians (M.D.s and D.O.s):	--	--	--	--	--	--
General practice	80.2	84.3	84.8	84.5	88.6	89.4
General surgery	93.3	95.6	95.5	95.2	96.2	96.7
Otology, laryngology, rhinology	91.8	93.9	94.5	94.1	95.1	95.3
Anesthesiology	93.7	95.5	95.4	95.1	96.8	96.8
Cardiovascular disease	95.8	96.4	96.1	96.1	97.1	97.0
Dermatology	90.8	92.4	92.9	92.6	93.8	93.9
Family practice	90.8	93.2	93.7	93.8	94.8	94.8
Internal medicine	90.7	92.2	92.9	92.9	94.8	94.7
Neurology	92.1	93.3	94.0	93.0	94.6	94.7
Obstetrics-gynecology	86.8	88.8	89.1	89.4	91.5	91.3
Ophthalmology	93.3	95.1	95.0	94.9	96.0	96.0
Orthopedic surgery	93.8	95.5	95.8	95.6	96.1	96.5
Pathology	93.6	95.4	95.3	94.4	96.4	96.5
Psychiatry	79.1	83.0	82.8	83.3	87.4	86.9
Radiology	95.3	95.7	95.6	95.4	97.4	97.5
Urology	94.6	96.0	96.2	96.1	96.9	97.0
Nephrology	95.1	95.5	95.6	95.4	96.7	96.8
Clinic/other grp practice-not GPPP	91.6	93.4	92.9	91.7	82.7	95.5
Limited license practitioners (LLP):						
Chiropractor	59.4	65.2	70.4	70.4	68.3	69.6
Podiatry-surgical chiropody	90.7	92.3	93.4	93.4	94.3	94.9
Optometrist	78.4	82.4	83.1	83.1	85.0	87.0

NOTE: Effective with the October 1, 1985 election period, carriers were instructed to count individuals only once, even if practicing in multiple settings.

SOURCE: CMS/OFM

December 2007



**Medicare Advantage, Cost, PACE, Demo and Prescription Drug Contracts  
2007**

Type of Contract	Number of Contracts	MA Only Enrolles	Drug Plan Enrollees	Total Enrollees
<b>Total Prepaid<sup>1</sup></b>	605	1,486,269	7,495,364	8,982,041
Local CCPs	408	433,761	5,887,330	6,321,499
PFFS	47	693,442	998,407	1,691,849
Demos	38	1,806	214,877	216,683
1876 Cost	27	146,179	163,599	309,778
1833 Cost (HCPP)	13	76,382		76,382
PACE	42		13,514	13,514
MSA	2	2,272		2,272
Employer Direct PFFS	1	10,762		10,762
Pilot <sup>2</sup>	13	111,446		111,446
Regional PPOs	14	10,219	217,637	227,856
<b>Total PDPs<sup>1</sup></b>	100			17,212,953
Employer/Union Contract PDP	10		125,018	125,018
All Other PDP <sup>1</sup>	90		17,087,935	17,087,935
<b>Total</b>	<b>705</b>			<b>26,194,994</b>

<sup>1</sup>Totals include beneficiaries enrolled in employer/union only group plans (contracts with an "800 series" plan IDs). Where a beneficiary is enrolled in both an 1876 cost or PFFS plan and a PDP plan, both enrollments are reflected in these counts.

<sup>2</sup>Pilots refer to contracts to provide care management services for fee-for-service beneficiaries with chronic conditions. The data for this product are being included since they are part of the total monthly Medicare payment.

NOTES: Totals reflect enrollment as of the November 1, 2007 payment. The November payment reflects enrollments accepted through October 17, 2007.

SOURCE: CMS/CBC

December 2007



## Active Physicians

Year	Total	Type of Physician		Active Physicians per 10,000 Population
		Doctors of Medicine	Doctors of Osteopathy	
1970	323,525	310,929	12,596	15.7
1971	334,978	322,228	12,750	16.1
1972	346,179	333,259	12,920	16.5
1973	NA	NA	13,191	NA
1974	364,232	350,609	13,623	17.0
1975	380,402	366,425	13,977	17.6
1976	393,151	378,572	14,579	18.0
1977	397,113	381,969	15,144	18.0
1978	417,314	401,364	15,590	18.7
1979	434,095	417,266	16,829	19.2
1980	435,165	435,545	17,620	19.8
1981	463,330	444,899	18,431	20.1
1982	482,195	462,947	19,248	20.7
1983	499,679	479,440	20,239	21.3
1984	NA	NA	21,295	NA
1985	533,573	511,090	22,483	22.3
1986	543,247	519,393	23,854	22.5
1987	559,777	534,692	25,085	23.0
1988	575,626	549,160	26,466	23.4
1989	587,751	559,988	27,763	23.7
1990	601,612	572,660	28,952	24.0
1991	624,797	594,697	30,100	24.6
1992	636,891	605,685	31,206	24.8
1993	652,240	619,751	32,489	24.9
1994	666,200	632,121	34,079	25.2
1995	681,742	646,022	35,720	25.5
1996	701,249	663,943	37,306	26.0
1997	723,537	684,605	38,932	27.0
1998	747,784	707,032	40,752	27.5
1999	763,519	720,855	42,664	27.9
2000	782,280	737,504	44,776	27.8
2001	793,091	751,689	41,402	27.8
2002	812,408	768,498	43,910	28.2
2003	832,624	786,658	45,966	28.6
2004	840,534	792,154	48,380	28.6
2005	852,802	803,073	49,729	28.8

NOTES: The AMA changed the methodology for calculating active MDs. Active MDs now include All Not Classified MDs, and excludes physicians whose addresses are unknown.

SOURCES: National Centers for Health Statistics, based on data from the American Medical Association, American Association of Colleges of Osteopathic Medicine and the Bureau of the Census

December 2007





**Active Federal and Non-Federal  
Physicians  
By CMS Region  
2005**

CMS Region	Total	Type of Physician		Active Physicians per 100,000 Population <sup>1</sup>
		Doctors of Medicine	Doctors of Osteopathy	
Total	852,802	803,073	49,729	288
Boston	57,094	55,218	1,876	401
New York	108,057	101,863	6,194	386
Philadelphia	98,236	90,781	7,455	341
Atlanta	141,657	135,297	6,360	247
Chicago	143,523	131,445	12,078	280
Dallas	81,473	76,539	4,934	229
Kansas City	33,288	29,747	3,541	251
Denver	24,895	23,576	1,319	249
San Francisco	120,479	115,327	5,152	263
Seattle	31,718	30,335	1,383	264
U.S. Possessions <sup>2</sup>	12,370	12,370	--	NA
Foreign and Unknown <sup>3</sup>	--	--	--	NA

<sup>1</sup> Rate for Total (All Areas) based on U.S. Resident population as of July 1, 2005.

<sup>2</sup> Possessions include Puerto Rico, Virgin Islands, and Pacific Islands.

<sup>3</sup> Includes osteopathic physicians in military service, U.S. Public Health Service and foreign countries.

SOURCES: National Centers for Health Statistics, based on data from the American Medical Association, American Association of Colleges of Osteopathic Medicine, and the Bureau of the Census

December 2007



**Medicare Part B Practitioners by Major Category  
March 2007**

Major Category	Number	Percent
All Part B Practitioners	1,075,571	100.0
Physician Specialties (PHYSSTAT=1)	660,819	61.4
Primary Care	243,687	22.7
Medical Specialties	107,528	10.0
Surgical Specialties	107,283	10.0
Emergency Medicine	36,118	3.4
Anesthesiology	38,046	3.5
Radiology	37,225	3.5
Pathology	13,859	1.3
Obstetrics/Gynecology	38,258	3.6
Psychiatry	38,526	3.6
Other and Unknown	289	0.0
Limited Licensed Practitioners (PHYSSTAT=2)	124,640	11.6
Non-physician Practitioners (PHYSSTAT=3)	290,112	27.0

NOTES: PHYSSTAT refers to the name of the variable in the Unique Physician Identification Number (UPIN) database that is used to group practitioners by his or her medical credentials. Specialty code is self-reported and may not correspond to actual board certification. Totals do not necessarily equal the sum of rounded components. Reflect unduplicated counts.

SOURCES: CMS/OFM's and CMM's Unique Physician Identification Number database/classification by ORDI

December 2007



**Medicare Physician and Other Practitioner Registry by Specialty**  
**March 2007**

Specialty	Specialty Code	Number	Percent
<b>All practitioners</b>		<b>1,075,571</b>	<b>100.0</b>
<b>All Physician Specialties (PHYSSTAT=1)</b>		<b>660,819</b>	<b>61.4</b>
<b>Primary Care <sup>1</sup></b>		<b>243,687</b>	<b>22.7</b>
General Practice	01	20,376	1.9
Family Practice	08	85,384	7.9
Internal Medicine <sup>2</sup>	11	104,367	9.7
Pediatrics <sup>2</sup>	37	33,560	3.1
<b>Medical</b>		<b>107,528</b>	<b>10.0</b>
Allergy/Immunology	03	3,430	0.3
Cardiology (Cardiovascular Disease)	06	22,095	2.1
Dermatology	07	10,190	0.9
Interventional Pain Management	09	463	0.0
Gastroenterology	10	10,844	1.0
Osteopathic Manipulative Therapy	12	820	0.1
Neurology	13	12,769	1.2
Pulmonary Disease	29	7,979	0.7
Physical Med and Rehab	25	7,293	0.7
Geriatrics	38	1,388	0.1
Nephrology	39	6,088	0.6
Infectious Disease	44	4,087	0.4
Endocrinology	46	3,940	0.4
Rheumatology	66	3,509	0.3
Single/multi-Specialty Clinic/Group Practice	70	83	0.0
Pain Management	72	735	0.1
Periph. Vascular Disease	76	122	0.0
Addiction Medicine	79	145	0.0
Critical Care Intensivists	81	1,476	0.1
Hematology	82	754	0.1
Hematology/Oncology	83	6,410	0.6
Preventive Medicine	84	535	0.0
Medical Oncology	90	2,373	0.2
<b>Surgical</b>		<b>107,283</b>	<b>10.0</b>
General Surgery	02	25,706	2.4
Otolaryngology (ENT)	04	9,636	0.9
Neurosurgery	14	4,703	0.4
Ophthalmology	18	18,832	1.8
Orthopedic Surgery	20	23,263	2.2
Plastic/Reconstructive Surgery	24	5,755	0.5
Colorectal Surgery (Proctology)	28	1,012	0.1
Thoracic Surgery	33	2,778	0.3



Urology	34	10,069	0.9
Hand Surgery	40	729	0.1
Vascular Surgery	77	2,074	0.2
Cardiac Surgery	78	1,858	0.2
Maxillofacial Surgery	85	330	0.0
Surgical Oncology	91	538	0.1

**Medicare Physician and Other Practitioner Registry by Specialty**  
**March 2007**  
continued

Specialty	Specialty Code	Number	Percent
<b>Emergency Medicine</b>	<b>93</b>	<b>36,118</b>	<b>3.4</b>
<b>Anesthesiology</b>	<b>05</b>	<b>38,046</b>	<b>3.5</b>
<b>Radiology</b>		<b>37,225</b>	<b>3.5</b>
Radiology	30	31,777	3.0
Nuclear Medicine	36	776	0.1
Radiation Oncology	92	3,774	0.4
Interventional Radiology	94	898	0.1
<b>Pathology</b>	<b>22</b>	<b>13,859</b>	<b>1.3</b>
<b>Obstetrics-Gynecology</b>		<b>38,258</b>	<b>3.6</b>
Obstetrics Gynecology	16	37,585	3.5
Gynecology/Oncology	98	673	0.1
<b>Psychiatry</b>		<b>38,526</b>	<b>3.6</b>
Psychiatry	26	38,384	3.6
Neuropsychiatrist	86	142	0.0
<b>Other and Unknown</b>		<b>289</b>	<b>0.0</b>
<b>Limited Licensed Practitioners (PHYSSTAT=2)</b>		<b>124,640</b>	<b>11.6</b>
Optometry	41	34,199	3.2
Oral Surgery/Dentists only	19	12,393	1.2
Maxillofacial Surgery	85	1,413	0.1
Podiatry	48	16,143	1.5
Chiropractor	35	60,325	5.6
<b>Other and Unknown</b>		<b>167</b>	<b>0.0</b>
<b>Non-Physician Practitioners (PHYSSTAT=3)</b>		<b>290,112</b>	<b>27.0</b>





Certified Nurse Midwife	42	4,052	0.4
Anesthesia Assistant	32	440	0.0
CRNA	43	31,150	2.9
Nurse Practitioner	50	54,806	5.1
Psychologist/billing independently	62	1,623	0.2
Audiologist/billing independently	64	5,149	0.5
Physical Therapist	65	38,453	3.6
Occupational Therapist	67	6,541	0.6
Clinical Psychology	68	39,421	3.7
Dietitian/Nutritionist	71	9,486	0.9
Clinical Social Worker	80	53,670	5.0
Certified Clinical Nurse	89	3,529	0.3
Physician Assistant	97	41,755	3.9
<b>Other and Unknown</b>		<b>37</b>	<b>0.0</b>

NOTES: PHYSSTAT refers to the name of the variable in the Unique Physician Identification Number (I database that is used to group practitioners by his or her medical credentials. Specialty code is self-rep and may not correspond to actual board certification. Totals do not necessarily equal the sum of round components.

SOURCES: CMS/OFM's and CMM's Unique Physician Identification Number database/classification by

December 2007



# **Medicaid Medical Assistance Payments** **Fiscal Year 2006**

	Total Payments Computable For Federal Funding	Net Expenditures Reported Federal Share	Amount in thousands	Total Payments Computable For Federal Funding	Net Expenditures Reported Federal Share
<b>TOTAL</b>	<b>\$299,022,257</b>	<b>\$170,551,973</b>		<b>6,382,377</b>	<b>3,963,990</b>
Alabama	3,860,047	2,700,082	Missouri	719,654	516,563
Alaska	945,092	613,983	Montana	1,499,164	898,784
American Samoa	13,460	6,730	Nebraska	1,175,450	648,028
Arizona	6,189,139	4,231,451	Nevada	1,086,240	545,135
Arkansas	2,854,059	2,110,542	New Hampshire		
California	33,840,049	17,059,450	New Jersey	9,108,645	4,574,787
Colorado	2,850,465	1,430,947	New Mexico	2,444,448	1,763,724
Connecticut	4,068,380	2,043,778	New York	43,553,527	21,834,004
Delaware	946,030	475,297	North Carolina	8,720,418	5,554,541
District of Columbia	1,284,858	899,180	North Dakota	498,703	332,106
Florida	12,620,833	7,448,026	N. Mariana Islands	7,739	4,069
Georgia	6,480,304	3,916,998	Ohio	11,768,240	7,058,118
Guam	19,801	10,146	Oklahoma	2,871,056	1,977,866
Hawaii	1,091,271	642,187	Oregon	2,899,767	1,807,753
Idaho	1,026,782	719,801	Pennsylvania	15,401,678	8,511,386
Illinois	9,966,621	5,005,077	Puerto Rico	828,314	414,161
Indiana	5,636,547	3,553,274	Rhode Island	1,673,810	914,178
Iowa	2,538,790	1,621,031	South Carolina	3,934,440	2,736,699
Kansas	2,057,376	1,246,628	South Dakota	602,031	408,013
Kentucky	4,328,810	3,011,288	Tennessee	6,013,806	3,859,124
Louisiana	4,687,950	3,313,901	Texas	17,684,004	10,757,732
Maine	1,896,516	1,190,925	Utah	1,449,762	1,029,207
Maryland	4,915,508	2,471,234	Vermont	946,931	554,063
Massachusetts	9,561,334	4,787,516	Virginia	4,608,205	2,316,161
Michigan	8,236,839	4,674,452	Virgin Islands	19,355	9,678
Minnesota	5,367,034	2,701,846	Washington	5,524,077	2,803,878
Mississippi	3,239,823	2,469,036	West Virginia	2,076,405	1,517,507
			Wisconsin	4,582,776	2,654,046
			Wyoming	417,515	231,865

NOTES: Source Form CMS-64 — Net Expenditures Reported. Excludes: ADM, Medicaid SCHIP expansions and CMS adjustments.

SOURCE: CMS/CMSO

December 2007

72



**Mean Medicaid Outlays by Basis of Eligibility  
2005**

	Total	Aged	Disabled	Child	Adult
United States	\$4,764	\$14,402	\$14,536	\$1,729	\$2,569
Alabama	4,953	12,294	7,198	1,730	1,616
Alaska	8,019	23,820	27,430	4,504	5,786
Arizona	3,699	14,824	13,109	1,934	3,112
Arkansas	2,725	13,000	10,530	1,667	1,401
California	2,725	8,951	12,449	1,285	1,109
Colorado	4,375	15,349	14,332	1,685	2,542
Connecticut	7,273	26,497	25,399	2,192	2,583
Delaware	5,350	20,898	16,915	2,175	3,703
District of Columbia	8,343	22,472	22,451	2,985	4,418
Florida	4,155	11,483	11,726	1,389	2,390
Georgia	3,346	11,550	10,545	1,511	3,026
Hawaii	4,157	12,569	12,926	1,769	2,624
Idaho	5,346	16,831	17,817	1,807	3,805
Illinois	4,818	5,926	15,976	1,587	2,585
Indiana	4,857	17,869	16,098	1,630	2,600
Iowa	5,874	16,603	18,000	1,721	2,778
Kansas	5,405	17,485	17,445	2,088	2,977
Kentucky	4,721	13,636	9,244	2,056	3,282
Louisiana	3,857	11,655	11,741	1,145	3,111
Maine <sup>1</sup>	8,050	16,248	21,544	4,349	4,648
Maryland	6,597	18,290	19,426	2,144	4,925
Massachusetts	7,482	19,742	15,920	3,282	3,252
Michigan	4,124	14,745	9,946	1,170	2,393
Minnesota	7,396	21,379	24,359	2,566	3,202
Mississippi	4,847	11,307	8,820	1,612	2,910
Missouri	4,552	14,129	12,935	1,833	2,317
Montana	5,339	18,147	13,277	2,306	3,366
Nebraska	5,853	17,607	18,684	2,315	3,137
Nevada	4,243	12,426	14,869	1,616	2,058
New Hampshire	6,773	21,225	18,984	2,604	3,291
New Jersey	7,258	22,313	21,331	1,928	2,314
New Mexico	4,916	13,617	15,960	2,156	3,053
New York	7,969	27,017	27,060	2,254	3,997
North Carolina	5,433	14,400	15,006	1,875	3,599
North Dakota	7,576	25,152	24,595	2,127	2,753
Ohio	6,197	23,807	18,271	1,703	3,092
Oklahoma	3,736	11,472	11,648	1,618	2,332
Oregon	4,465	13,061	12,150	1,920	3,746
Pennsylvania	5,979	21,458	11,262	2,054	3,147
Rhode Island	7,822	23,252	20,389	3,084	2,907
South Carolina	4,883	7,421	10,786	1,813	2,155
South Dakota	4,792	14,105	15,033	1,960	2,996
Tennessee	4,782	10,906	10,401	1,681	4,135
Texas	3,828	12,681	13,482	1,673	2,816
Utah	4,777	13,234	16,153	1,577	2,115
Vermont	5,696	10,705	16,356	2,840	3,330
Virginia	5,217	12,772	13,531	1,836	3,289
Washington	4,529	12,145	10,852	1,512	2,649
West Virginia	6,262	16,323	11,109	1,850	2,556
Wisconsin	4,827	9,818	15,931	1,250	2,183
Wyoming	5,769	18,715	20,859	2,368	4,159

<sup>1</sup>FY2004 data used.

NOTES: Other and unknown basis of eligibility not shown separately. Data are from the FY2005 MSIS State Summary Mart.



# Medicare Enrollment by State 2006

	Enrollees	Enrollees
All Areas <sup>1</sup>	43,338,571	929,501
		151,738
United States <sup>2</sup>	42,355,590	264,307
Alabama	772,280	306,777
Alaska	54,305	197,821
Arizona	815,115	
Arkansas	484,836	
California	4,275,113	
Colorado	539,883	
Connecticut	530,034	
Delaware	131,832	
District of Columbia	73,575	
Florida	3,079,554	
Georgia	1,075,265	
Hawaii	185,449	
Idaho	199,505	
Illinois	1,712,828	
Indiana	922,553	
Iowa	494,523	
Kansas	406,456	
Kentucky	694,894	
Louisiana	624,151	
Maine	240,568	
Maryland	708,049	
Massachusetts	981,691	
Michigan	1,510,532	
Minnesota	713,242	
Mississippi	461,641	
Missouri		99,071
Montana		1,017,880
Nebraska		846,793
Nevada		361,308
New Hampshire		839,806
New Jersey		72,402
New Mexico		609,956
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		
Rhode Island		
South Carolina		
South Dakota		
Tennessee		
Texas		
Utah		
Vermont		
Virginia		
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		

<sup>1</sup> Includes U.S. and enrollees residing in outlying territories, foreign countries and those with unknown state of residence.

<sup>2</sup> Includes enrollees residing in 50 states and the District of Columbia.

SOURCE: CMS/ORDI/HGIS

December 2007

24







# Medicare Enrollment as a Percent of Resident Population by State 2006

	Resident Population	Medicare Enrollees	Enrollees as Percent of Population		Resident Population	Medicare Enrollees	Enrollees as Percent of Population
All Areas	NA	43,338,571 <sup>1</sup>	NA	Missouri	5,800,310	929,501	16.0
United States	296,410,404	42,355,590 <sup>2</sup>	14.3	Montana	935,670	151,738	16.2
Alabama	4,557,808	772,280	16.9	Nebraska	1,758,787	264,307	15.0
Alaska	663,661	54,305	8.2	Nevada	2,414,807	306,777	12.7
Arizona	5,939,292	815,115	13.7	New Hampshire	1,309,940	197,821	15.1
Arkansas	2,779,154	484,836	17.4	New Jersey	8,717,925	1,241,698	14.2
California	36,132,147	4,275,113	11.8	New Mexico	1,928,384	275,806	14.3
Colorado	4,665,177	539,883	11.6	New York	19,254,630	2,804,725	14.6
Connecticut	3,510,297	530,034	15.1	North Carolina	8,683,242	1,317,754	15.2
Delaware	843,524	131,832	15.6	North Dakota	636,677	104,418	16.4
District of Columbia	550,521	73,575	13.4	Ohio	11,464,042	1,778,058	15.5
Florida	17,789,864	3,079,554	17.3	Oklahoma	3,547,884	553,545	15.6
Georgia	9,072,576	1,075,265	11.9	Oregon	3,641,056	552,856	15.2
Hawaii	1,275,194	185,449	14.5	Pennsylvania	12,429,616	2,155,832	17.3
Idaho	1,429,096	199,505	14.0	Rhode Island	1,076,189	173,776	16.1
Illinois	12,763,371	1,712,828	13.4	South Carolina	4,255,083	673,965	15.8
Indiana	6,271,973	922,553	14.7	South Dakota	775,933	127,044	16.4
Iowa	2,966,334	494,523	16.7	Tennessee	5,962,959	949,263	15.9
Kansas	2,744,687	406,456	14.8	Texas	22,859,968	2,625,612	11.5
Kentucky	4,173,405	694,894	16.7	Utah	2,469,585	245,960	10.0
Louisiana	4,523,628	624,151	13.8	Vermont	623,050	99,071	15.9
Maine	1,321,505	240,568	18.2	Virginia	7,567,465	1,017,880	13.5
Maryland	5,600,388	708,049	12.6	Washington	6,287,759	846,793	13.5
Massachusetts	6,398,743	981,691	15.3	West Virginia	1,816,856	361,308	19.9
Michigan	10,120,860	1,510,532	14.9	Wisconsin	5,536,201	839,806	15.2
Minnesota	5,132,799	713,242	13.9	Wyoming	509,294	72,402	14.2
Mississippi	2,921,088	461,641	15.8	Puerto Rico	3,912,054	609,956	15.6

<sup>1</sup> Includes the United States, its Territories and Possessions, residents of foreign countries and residence unknown.

<sup>2</sup> Includes enrollees residing in the 50 States and the District of Columbia.

NOTES: Resident population is a provisional estimate as of July 1, 2005. The 2005 resident population data for Outlying Areas and the Virgin Islands are not available. Detail may not add to total due to rounding.

SOURCES: CMS/ORDI and Bureau of the Census

December 2007

75



# Medicare Part D Enrollment by Organization Type, Arrayed by State 2007

FIPS	Total	Local CCP	PFFS	Demo	1876 Cost	PACE	PDP	Regional CCP	Employer Direct PDP
Total	24,443,337	5,809,072	994,902	214,336	163,026	13,251	16,928,631	196,073	124,046
Alabama	430,824	93,400	10,009	-	-	-	327,053	173	172
Alaska	22,432	87	101	-	-	-	22,161	-	69
Arizona	489,476	251,906	24,718	252	94	-	208,109	3,753	637
Arkansas	286,882	7,089	21,860	24	-	-	247,643	8,438	1,825
California	2,937,888	1,253,033	10,596	92,349	140	1,880	1,550,524	27,717	1,649
Colorado	314,019	125,508	13,201	62	14,987	1,135	158,386	36	704
Connecticut	279,600	49,517	3,535	14	-	-	226,089	19	412
Delaware	64,733	947	471	-	27	-	62,382	590	308
Dist. of Columbia	32,893	967	84	-	4,436	-	27,365	-	31
Florida	1,749,159	656,190	37,655	173	157	160	993,412	57,179	4,233
Georgia	630,065	26,469	47,105	128	23	-	540,649	14,703	986
Hawaii	120,229	25,249	1,304	35	31,061	-	61,404	1,133	43
Idaho	111,790	17,372	8,948	26	-	-	83,831	17	1,593
Illinois	934,647	80,812	16,069	141	16	-	832,783	2,784	2,038
Indiana	473,348	7,094	26,262	16	-	-	435,792	3,108	1,066
Iowa	319,928	5,516	23,548	54	-	-	286,970	3,186	649
Kansas	240,959	14,958	9,199	-	-	195	215,419	83	1,091
Kentucky	382,090	22,325	19,279	12	-	-	336,377	2,248	1,846
Louisiana	368,908	86,790	8,746	-	-	-	272,080	784	492
Maine	135,838	2,097	1,018	-	-	-	132,590	12	116
Maryland	295,511	21,388	1,176	732	16,441	119	254,853	319	483
Massachusetts	540,442	134,595	16,807	7,137	13	1,638	379,797	51	404
Michigan	708,954	37,142	170,634	135	-	240	498,328	1,196	1,271
Minnesota	471,229	37,515	35,260	34,530	50,889	-	301,134	11,450	451
Mississippi	293,451	2,899	10,398	-	-	-	279,457	247	437
Missouri	555,321	113,334	22,292	32	-	140	405,636	3,802	10,075
Montana	86,102	1,209	10,205	21	-	-	74,021	486	157
Nebraska	168,759	8,819	8,010	12	-	-	147,695	1,730	2,490
Nevada	171,438	32,911	3,335	53,895	33	-	78,808	2,043	408
New Hampshire	84,529	265	2,575	-	-	-	81,531	-	134
New Jersey	629,977	100,205	1,162	308	-	-	524,985	306	2,995
New Mexico	154,203	50,573	6,712	26	20	291	96,291	27	263
New York	1,528,302	517,756	5,027	16,571	1,523	2,641	975,192	6,842	2,750
North Carolina	764,830	80,186	62,514	24	61	-	619,702	496	1,845



# Medicare Part D Enrollment by Organization Type, Arrayed by State 2007

(continued)

FIPS	Total	Local CCP	PFFS	Demo	1876 Cost	PACE	PDP	Regional CCP	Employer Direct PDP
North Dakota	72,683	29	3,132	24	162	-	69,143	68	37
Ohio	852,335	217,623	38,309	112	15,822	594	572,936	5,575	1,425
Oklahoma	320,281	45,159	8,361	51	12	-	233,764	97	32,869
Oregon	346,942	141,293	3,678	18	-	670	197,362	76	918
Pennsylvania	1,266,162	564,042	23,807	2,936	48	953	643,139	499	33,293
Rhode Island	113,426	56,016	162	381	-	87	57,066	22	62
South Carolina	357,435	2,783	37,742	-	23	335	302,602	12,951	984
South Dakota	83,612	2,976	3,356	15	48	-	75,991	1,011	176
Tennessee	587,138	113,133	29,966	54	-	277	442,647	202	884
Texas	1,462,921	273,463	36,134	19	15,801	855	1,113,713	19,625	3,138
Utah	130,910	18,825	17,550	192	-	-	93,116	-	1,359
Vermont	54,170	75	366	48	-	12	53,671	-	37
Virginia	509,742	9,082	48,791	-	9,944	-	440,061	349	1,389
Washington	438,102	94,437	6,304	120	23	248	334,789	40	1,102
West Virginia	213,436	11,514	40,024	1,159	25	-	160,708	123	1,038
Wisconsin	408,539	40,375	54,727	-	970	712	308,854	245	360
Wyoming	39,378	89	1,827	2,296	78	-	36,456	89	827
American Samoa	225	19	-	-	-	-	198	-	-
Guam	2,037	15	-	-	-	-	2,014	-	-
Northern Marianas	112	-	-	-	-	-	112	-	-
Puerto Rico	385,237	342,712	500	19	-	-	41,977	20	-
Virgin Islands	4,211	57	-	-	-	-	4,146	-	-
Unknown	15,547	9,232	342	103	37	-	5,717	93	20

NOTE: Data in this table may differ from similar data for December 2006 from other tables, and may not add to certain totals because of differences in the metrics used to construct different tables or build different columns or rows within a table. December 2006 view or snapshot of Part D and related entitlement data as reflected in the Management Information Intergrated Repository (MIIR) through August 2007.

SOURCES: CMS/ORDI

December 2007





# **Medicaid Eligibles by State Fiscal Year 2004**

	Resident Population in thousands	Medicaid Eligibles in thousands	Eligibles as Percent of Population		Resident Population in thousands	Medicaid Eligibles in thousands	Eligibles as Percent of Population
All Reporting Medicaid Jurisdictions	NA	NA	NA	Missouri	5,753	1,206	21.0
United States	293,638	58,161	19.8	Montana	926	113	12.2
Alabama	4,517	918	20.3	Nebraska	1,141	261	14.9
Alaska	657	128	19.5	Nevada	2,332	257	11.0
Arizona <sup>1</sup>	5,746	1,394	24.3	New Hampshire	1,298	134	10.3
Arkansas	2,747	700	25.5	New Jersey	8,676	989	11.4
California	35,841	10,619	29.6	New Mexico	1,901	512	26.9
Colorado	4,599	525	11.4	New York	19,292	4,889	25.3
Connecticut	3,494	508	14.5	North Carolina	8,531	1,526	17.9
Delaware	829	167	20.1	North Dakota	636	75	11.8
District of Columbia	580	160	27.6	Ohio	11,461	1,996	17.4
Florida	17,367	2,867	16.5	Oklahoma	3,523	684	19.4
Georgia	8,935	1,760	19.7	Oregon	3,589	590	16.4
Hawaii	1,259	223	17.7	Pennsylvania	12,377	1,890	15.3
Idaho	1,395	221	15.8	Rhode Island	1,079	216	20.0
Illinois	12,714	2,265	17.8	South Carolina	4,195	991	23.6
Indiana	6,223	982	15.8	South Dakota	770	124	16.1
Iowa	2,954	400	13.5	Tennessee	5,886	2,205	37.5
Kansas	2,738	344	12.6	Texas	22,518	3,878	17.2
Kentucky	4,140	834	20.1	Utah	2,421	295	12.2
Louisiana	4,496	1,112	24.7	Vermont	621	164	26.4
Maine	1,314	306	23.3	Virginia	7,472	821	11.0
Maryland	5,553	845	15.2	Washington west Virginia	6,206	1,196	19.3
Massachusetts	6,436	1,157	18.0	Wisconsin	5,499	971	17.7
Michigan	10,093	1,770	17.5	Wyoming	506	78	15.4
Minnesota	5,094	736	14.4	Puerto Rico	NA	NA	NA
Mississippi	2,893	785	27.1	Virgin Islands	NA	NA	NA

<sup>1</sup> Arizona operates a medical assistance program under a Section 1115 Demonstration project.

NOTES: Resident population is a provisional estimate as of July 1, 2004. The 2004 resident population data for Puerto Rico and Virgin Islands are not available. Medicaid eligibles represent those ever enrolled in Medicaid at any time during the year.

SOURCES: CMS/CMSO/ORDI and Bureau of the Census

December 2007

78





# Medicare State Buy-Ins for Part A and Part B

July 2007

State	Part A QMBs	Part B Buy-Ins	Part B QMBs <sup>1</sup>	Part B SLMBs <sup>1</sup>	Part B QI-1s <sup>1</sup>	Part B MAOs <sup>1</sup>	State	Part A QMBs	Part B Buy-Ins	Part B QMBs <sup>1</sup>	Part B SLMBs <sup>1</sup>	Part B QI-1s <sup>1</sup>	Part B MAOs <sup>1</sup>
Total	537,933	7,082,006	3,222,788	790,915	255,764	472,015	Missouri	979	113,722	79,106	17,932	2,960	---
Alabama	1,722	179,542	56,277	30,247	13,559	4,574	Montana	522	15,456	11,052	2,771	682	---
Alaska	690	11,904	8,574	208	---	---	Nebraska	---	25,640	14,020	2,869	---	96
Arizona	1,026	121,455	61,232	14,928	9,973	18,812	Nevada	3,260	30,319	15,741	5,184	1,909	1,944
Arkansas	2,643	99,214	33,714	12,964	5,636	5,891	New Hampshire	43	13,454	5,602	2,580	728	3,798
California	150,881	1,078,076	252,600	56,029	11,824	184,046	New Jersey	9,667	170,280	109,465	19,503	8,105	1,025
Colorado	241	68,264	22,489	4,275	1,870	10,550	New Mexico	227	53,757	14,682	4,970	1,878	6,567
Connecticut	2,865	67,876	45,359	9,125	6,767	---	New York	94,400	500,099	296,212	23,181	33,294	---
Delaware	336	19,821	2,897	10,665	224	---	North Carolina	10,638	261,690	805	32,485	14,397	17,340
District of Columbia	569	15,584	14,368	---	---	1,100	North Dakota	---	7,610	2,679	1,174	381	---
Florida	63,194	470,337	218,437	61,855	27,544	35,254	Ohio	5,831	234,958	124,640	35,055	11,546	6,812
Georgia	2,123	217,562	67,129	27,758	15,047	24,990	Oklahoma	2,853	82,671	61,090	14,840	5,576	---
Hawaii	4,584	25,862	16,832	1,306	421	4,241	Oregon	819	75,113	43,117	12,088	---	2,417
Idaho	613	26,030	15,439	3,659	1,173	3,262	Pennsylvania	19,293	268,833	192,472	39,682	16,445	---
Illinois	4,310	222,728	142,853	25,819	9,304	---	Rhode Island	213	27,508	13,146	1,602	989	---
Indiana	2,283	120,079	72,154	20,897	4,925	18,396	South Carolina	977	124,502	57,423	15,395	---	22,980
Iowa	842	66,022	38,600	10,729	2,098	3,852	South Dakota	952	15,407	5,083	2,334	732	---
Kansas	628	50,732	26,125	5,565	1,831	1,167	Tennessee	5,621	232,611	117,117	15,870	---	---
Kentucky	2,485	137,602	94,902	19,230	6,565	---	Texas	47,797	473,962	143,812	77,678	---	---
Louisiana	7,151	141,009	106,840	22,069	10,032	200	Utah	49	24,775	14,254	3,541	---	4,385
Maine	14	64,164	37,938	6,240	1,807	---	Vermont	53	21,831	6,200	4,758	---	---
Maryland	9,601	85,824	68,985	6,921	3,066	6,407	Virginia	6,803	141,569	21,472	15,431	5,364	13,200
Massachusetts	21,142	191,171	161,199	20,630	6,829	---	Washington	11,690	123,471	97,471	9,901	4,113	4,731
Michigan	16,128	185,626	67,685	23,783	682	593	West Virginia	3,429	59,576	46,472	9,090	3,481	---
Minnesota	6,890	83,420	12,092	2,387	---	---	Wisconsin	4,604	87,901	29,112	13,145	1,605	---
Mississippi	4,093	136,096	53,156	9,379	---	62,110	Wyoming	156	8,135	2,667	1,185	400	1,268
							Outlying Areas	---	---	---	---	---	---

<sup>1</sup> Included in Part B Buy-In column.

NOTES: "----" equals ten or fewer observations. Qualified Medicare Beneficiaries (QMBs) and Specified Low-income Medicare Beneficiaries (SLMBs), Qualified Individuals (QI-1s), and Medical Assistance Only (MAOs) are persons with limited resources. In addition to Medicare premiums, the Medicaid program may cover the cost of deductibles, coinsurance, and certain non-Medicare covered services which Medicare beneficiaries normally pay out of their own pockets.

SOURCE: CMS/OIS

December 2007



# Medicare Persons Served by State Calendar Year 2006

	Aged		Disabled		Aged		Disabled	
	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees	Persons Served in thousands	Served per 1,000 Enrollees
All Areas	27,603	932	5,461	877	606	953	143	911
United States	27,391	943	5,402	882	117	983	18	857
Alabama	497	958	145	924	205	972	30	938
Alaska	36	818	8	800	157	877	29	784
Arizona	419	931	66	805	144	894	26	765
Arkansas	336	941	88	871				
California	2,074	880	410	806				
Colorado	308	978	56	875				
Connecticut	395	936	62	899	896	917	134	876
Delaware	104	954	18	857	158	893	35	833
District of Columbia	48	842	9	818	1,637	908	324	839
Florida	1,960	965	310	906	908	974	227	938
Georgia	763	957	187	917	85	977	11	917
Hawaii	98	970	15	833				
Idaho	135	978	24	857	1,217	973	223	892
Illinois	1,269	932	204	872	382	941	81	900
Indiana	688	960	132	904	287	1,000	53	883
Iowa	383	990	57	950	1,185	939	190	844
Kansas	310	951	49	891	79	898	20	769
Kentucky	473	969	145	918				
Louisiana	397	945	103	896	482	962	120	916
Maine	173	915	40	816	100	926	14	933
Maryland	525	908	82	882	608	961	164	927
Massachusetts	596	902	134	854	1,823	942	341	914
Michigan	1,131	967	227	890	170	977	26	897
Minnesota	470	1,442	80	1,455				
Mississippi	315	943	102	919				
					76	938	15	882
					752	957	148	931
					523	905	101	835
					245	988	74	902
					584	977	96	873
					57	950	9	900
					180	804	55	714
					9	375	1	250
					24	74	3	188

NOTES: Persons served represents persons receiving a reimbursed service under fee-for-service at any time during the year. The denominator used to calculate the rate served per 1,000 enrollees is the July 1, 2005 HI and/or SMI fee-for-service population. The rates may exceed 1,000 for a variety of reasons, including areas with rapidly changing fee-for-service/managed care distributions.

SOURCE: CMS/ORDI

December 2007

80



# **National Community Hospital Care by State** **2005 Annual Survey**

	Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands	Admissions in thousands	Average Stay in Days	Outpatient Visits in thousands
United States	35,239	5.6	584,429			
Alabama	706	5.1	7,547	Missouri	836	17,213
Alaska	51	6.0	1,667	Montana	106	2,859
Arizona	665	4.4	6,776	Nebraska	214	3,890
Arkansas	380	5.3	4,971	Nevada	241	2,614
California	3,434	5.3	49,032	New Hampshire	117	3,782
Colorado	417	5.0	7,378	New Jersey	1,110	16,827
Connecticut	405	5.7	7,146	New Mexico	172	4,714
Delaware	104	6.2	1,868	New York	2,538	51,538
District of Columbia	141	7.1	1,649	North Carolina	1,013	16,802
Florida	2,371	5.2	22,298	North Dakota	87	1,863
Georgia	961	6.4	13,803	Ohio	1,511	31,350
Hawaii	114	7.5	1,909	Oklahoma	457	5,411
Idaho	130	5.0	2,720	Oregon	336	7,973
Illinois	1,583	5.2	28,729	Pennsylvania	1,863	34,911
Indiana	717	5.2	16,452	Rhode Island	127	2,483
Iowa	363	6.4	10,098	South Carolina	528	5,826
Kansas	330	6.3	5,945	South Dakota	102	1,643
Kentucky	618	5.5	8,859	Tennessee	829	11,666
Louisiana	620	5.5	9,807	Texas	2,509	32,329
Maine	151	5.6	4,299	Utah	223	4,799
Maryland	680	4.7	6,750	Vermont	51	2,477
Massachusetts	800	5.5	18,865	Virginia	780	13,299
Michigan	1,198	5.4	26,150	Washington	543	10,050
Minnesota	635	6.3	9,442	West Virginia	292	6,116
Mississippi	414	6.5	4,093	Wisconsin	612	12,727
				Wyoming	51	1,010

NOTE: Excludes admissions to nursing home units.

SOURCE: American Hospital Association's 2007 Hospital Statistics.

December 2007





**Medicare Skilled Nursing Facility Utilization by State<sup>1</sup>**  
**Calendar Year 2006**

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
TOTAL	1,845,488	1,985,313	67,497,716	34	\$20,456,449,438	\$303	\$10,304
ALABAMA	31,291	29,853	1,128,212	38	292,904,351	260	9,812
ALASKA	733	652	23,403	36	12,138,428	519	18,617
ARIZONA	18,813	20,988	533,716	25	162,095,020	304	7,723
ARKANSAS	21,138	25,458	707,181	28	173,928,961	246	6,832
CALIFORNIA	126,652	143,320	4,576,296	32	1,685,961,703	368	11,764
COLORADO	19,250	21,600	644,322	30	215,400,322	334	9,972
CONNECTICUT	37,551	38,441	1,504,625	39	485,165,474	322	12,621
DELAWARE	5,625	5,458	193,123	35	58,577,459	303	10,732
DISTRICT OF COLUMBIA	3,097	3,145	88,097	28	28,297,147	321	8,998
FLORIDA	134,963	152,252	5,105,636	34	1,620,700,034	317	10,645
GEORGIA	38,795	37,205	1,456,002	39	395,581,278	272	10,632
HAWAII	2,594	2,599	83,987	32	28,229,481	336	10,862
IDAHO	8,229	9,112	275,220	30	81,755,859	297	8,972
ILLINOIS	99,607	118,213	3,685,636	31	1,119,735,946	304	9,472
INDIANA	53,245	56,453	2,206,533	39	620,094,567	281	10,984
IOWA	28,708	31,721	638,316	20	224,387,206	352	7,074
KANSAS	23,236	28,100	693,507	25	227,657,151	328	8,102
KENTUCKY	33,205	35,504	1,260,062	35	335,750,548	266	9,457
LOUISIANA	23,486	23,320	965,642	41	240,145,788	249	10,298
MAINE	12,413	13,709	372,240	27	124,330,586	334	9,069
MARYLAND	40,741	46,878	1,358,130	29	429,735,887	316	9,167
MASSACHUSETTS	59,290	62,949	2,166,395	34	704,755,367	325	11,196
MICHIGAN	62,374	65,434	2,448,814	37	735,935,676	301	11,247
MINNESOTA	34,953	35,062	1,014,976	29	340,973,193	336	9,725
MISSISSIPPI	20,040	21,463	812,401	38	220,622,611	272	10,279

992





**Medicare Skilled Nursing Facility Utilization by State<sup>1</sup>**  
**Calendar Year 2006**  
(Continued)

	Total Patients	Total Discharges	Total Covered Days	Average Days Per Discharge	Total Reimbursement	Average Reimbursement Per Day	Average Reimbursement Per Discharge
MISSOURI	45,714	50,299	1,640,901	33	\$436,932,662	\$266	\$8,687
MONTANA	7,658	9,195	214,714	23	66,680,024	311	7,252
NEBRASKA	16,149	17,209	495,238	29	161,948,124	327	9,411
NEVADA	6,193	6,401	227,511	36	79,540,462	350	12,426
NEW HAMPSHIRE	10,210	11,033	349,611	32	122,527,468	350	11,106
NEW JERSEY	75,456	85,966	2,531,055	29	934,721,862	369	10,873
NEW MEXICO	6,246	6,175	214,184	35	58,886,004	275	9,536
NEW YORK	112,509	104,588	4,397,108	42	1,319,063,352	300	12,612
NORTH CAROLINA	54,649	50,497	2,080,312	41	560,935,014	270	11,108
NORTH DAKOTA	6,743	6,489	169,999	26	49,755,881	293	7,668
OHIO	106,317	114,572	3,942,422	34	1,159,311,654	294	10,119
OKLAHOMA	21,000	24,651	715,419	29	185,985,972	260	7,545
OREGON	13,944	15,367	389,102	25	139,363,453	358	9,069
PENNSYLVANIA	92,433	90,507	3,266,623	36	930,824,314	285	10,285
PUERTO RICO	1,059	1,082	20,526	19	3,093,383	151	2,859
RHODE ISLAND	7,401	7,467	253,259	34	81,268,855	321	10,884
SOUTH CAROLINA	23,722	24,166	941,117	39	252,524,063	268	10,450
SOUTH DAKOTA	7,619	8,107	188,351	23	65,307,055	347	8,056
TENNESSEE	43,466	50,555	1,810,623	36	468,616,157	259	9,269
TEXAS	108,046	117,042	4,410,127	38	1,194,983,205	271	10,210
UTAH	11,089	12,348	363,289	29	110,043,988	303	8,912
VERMONT	4,524	4,670	150,217	32	50,300,839	335	10,771
VIRGIN ISLANDS	79	80	1,150	14	275,229	239	3,440
VIRGINIA	44,865	45,719	1,669,077	37	467,902,822	280	10,234
WASHINGTON	31,020	32,601	1,028,381	32	349,864,807	340	10,732
WEST VIRGINIA	14,199	14,540	511,981	35	136,327,294	266	9,376
WISCONSIN	42,631	41,234	1,456,685	35	470,993,018	323	11,422
WYOMING	3,485	3,761	113,128	30	32,855,185	290	8,736
GUAM	96	103	3,134	30	757,252	242	7,352

<sup>1</sup> Includes utilization and expenditure data for non-swing bed and swing bed services.

NOTES: Provider based data are derived from bills for services performed in 2006 and recorded in CMS central records as of June 2007. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data exclude no pay bills.

SOURCE: CMS/ORDI/OIS

December 2007

879



**Medicare Home Health Agency Utilization  
Calendar Year 2006**

	Total Payments	Total Patients	Total Visits	Average Pay Per Patient	Average Visits Per Patient
NATIONAL TOTAL	\$14,041,853,560	3,031,814	103,931,188	\$4,632	34
ALABAMA	277,544,495	59,696	2,110,102	4,649	35
ALASKA	8,952,184	2,091	46,469	4,281	22
ARIZONA	90,040,959	27,646	549,177	3,257	20
ARKANSAS	129,696,184	31,713	1,181,544	4,090	37
CALIFORNIA	1,102,444,786	216,756	6,660,368	5,086	31
COLORADO	103,561,556	27,864	697,836	3,717	25
CONNECTICUT	211,177,783	50,204	1,692,702	4,206	34
DELAWARE	31,803,008	9,506	214,893	3,346	23
DISTRICT OF COLUMBIA	16,065,980	4,268	94,913	3,764	22
FLORIDA	1,531,933,169	291,701	14,218,211	5,252	49
GEORGIA	329,441,518	76,134	2,247,857	4,327	30
HAWAII	11,646,507	3,298	57,953	3,531	18
IDAHO	42,353,431	11,117	312,050	3,810	28
ILLINOIS	672,879,973	146,011	3,903,436	4,608	27
INDIANA	220,079,712	54,567	1,698,557	4,033	31
IOWA	64,618,106	22,029	548,211	2,933	25
KANSAS	77,119,338	22,316	555,706	3,456	25
KENTUCKY	212,186,704	51,468	1,565,802	4,123	30
LOUISIANA	462,634,741	69,233	3,893,827	6,682	56
MAINE	66,468,957	19,790	483,903	3,359	24
MARYLAND	160,279,883	48,452	955,326	3,308	20
MASSACHUSETTS	422,449,964	95,415	3,145,608	4,428	33
MICHIGAN	632,003,304	146,020	3,852,685	4,328	26
MINNESOTA	88,504,528	27,006	598,671	3,277	22
MISSISSIPPI	234,162,655	44,152	1,765,051	5,304	40
MISSOURI	219,121,812	64,117	1,538,931	3,418	24

846



**Medicare Home Health Agency Utilization**  
**Calendar Year 2006**  
 (continued)

	Total Payments	Total Patients	Total Visits	Average Pay Per Patient	Average Visits Per Patient
MONTANA	\$22,168,609	6,890	150,006	\$3,218	22
NEBRASKA	40,794,411	12,835	281,926	3,178	22
NEVADA	82,000,317	16,826	494,612	4,873	29
NEW HAMPSHIRE	62,519,572	15,483	457,051	4,038	30
NEW JERSEY	327,841,413	88,655	2,106,862	3,698	24
NEW MEXICO	62,458,939	14,522	458,411	4,301	32
NEW YORK	751,582,252	179,487	6,236,638	4,187	35
NORTH CAROLINA	356,714,087	95,212	2,311,075	3,747	24
NORTH DAKOTA	12,368,610	5,343	102,108	2,315	19
OHIO	441,681,739	119,484	3,326,694	3,697	28
OKLAHOMA	326,977,854	53,977	2,990,779	6,058	55
OREGON	71,673,951	21,693	391,051	3,304	18
PENNSYLVANIA	492,422,763	143,719	3,397,403	3,426	24
PUERTO RICO	37,251,654	14,729	392,148	2,529	27
RHODE ISLAND	40,877,355	11,428	276,811	3,577	24
SOUTH CAROLINA	171,071,228	42,149	1,038,474	4,059	25
SOUTH DAKOTA	13,658,635	4,604	89,739	2,967	19
TENNESSEE	416,914,622	76,620	3,059,629	5,441	40
TEXAS	2,128,464,542	303,446	16,355,820	7,014	54
UTAH	97,342,542	18,553	938,531	5,247	51
VERMONT	43,266,720	10,115	368,509	4,277	36
VIRGIN ISLANDS	929,002	247	4,482	3,761	18
VIRGINIA	283,785,585	74,887	1,988,817	3,790	27
WASHINGTON	141,015,813	39,099	736,519	3,607	19
WEST VIRGINIA	66,764,731	19,275	453,863	3,464	24
WISCONSIN	116,699,159	34,532	834,651	3,379	24
WYOMING	10,814,801	3,190	85,314	3,390	27

NOTES: Provider based data are derived from bills for services performed in 2006 and recorded in CMS central records as of June 2007. These interim payment amounts may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total.

SOURCES: CMS/ORD/IOIS

December 2007

854





# Medicare Hospice Utilization Calendar Year 2006

	Total Patients	Total Payments	Total Days	Total Covered Hours	Total Covered Procedures	Average Pay Per Patient	Average Days Per Patient
TOTALS	939,331	\$9,237,159,630	68,624,748	5,792,125	3,096,011	\$9,834	73
ALABAMA	26,063	354,059,162	2,965,324	125,991	16,612	13,585	114
ALASKA	405	3,302,213	21,535	---	168	8,154	53
ARIZONA	27,970	346,052,545	2,312,349	20,580	62,498	12,372	83
ARKANSAS	9,261	89,264,751	686,962	18,305	29,284	9,639	74
CALIFORNIA	80,478	810,643,631	5,049,811	518,162	71,737	10,073	63
COLORADO	13,738	126,136,410	884,684	11,624	24,049	9,182	64
CONNECTICUT	9,226	79,832,768	390,166	36,541	14,776	8,653	42
DELAWARE	3,352	33,937,287	228,117	15,555	1,645	10,124	68
DISTRICT OF COLUMBIA	905	6,895,131	40,895	1,050	1,195	7,619	45
FLORIDA	89,134	1,032,578,495	6,371,479	2,670,928	421,424	11,585	71
GEORGIA	26,494	274,317,283	1,938,561	57,198	48,041	10,354	73
HAWAII	1,906	16,122,108	97,395	106	---	8,459	51
IDAHO	4,149	43,017,508	340,435	7,702	771	10,368	82
ILLINOIS	34,856	291,571,757	1,944,316	291,295	26,198	8,365	56
INDIANA	20,425	184,518,232	1,393,417	17,613	20,885	9,034	68
IOWA	13,839	106,994,253	800,559	8,798	10,381	7,731	58
KANSAS	9,495	89,985,158	706,155	20,036	7,115	9,477	74
KENTUCKY	11,817	91,253,527	693,271	17,822	18,975	7,722	59
LOUISIANA	14,195	132,839,412	1,085,943	20,566	10,457	9,358	77
MAINE	3,720	31,990,399	227,649	150	2,935	8,600	61
MARYLAND	12,513	93,207,504	683,318	217	11,153	7,449	55
MASSACHUSETTS	18,621	175,118,416	1,118,773	4,832	3,034	9,404	60
MICHIGAN	34,913	275,848,247	1,967,961	41,499	27,174	7,901	56
MINNESOTA	12,888	111,171,381	846,431	13,534	2,046	8,626	66
MISSISSIPPI	14,369	207,029,245	1,740,840	38,910	1,697	14,408	121

2006





**Medicare Hospice Utilization  
Calendar Year 2006  
(continued)**

	Total Patients	Total Payments	Total Days	Total Covered Hours	Total Covered Procedures	Average Pay Per Patient	Average Days Per Patient
MISSOURI	24,310	\$212,394,690	1,759,795	26,478	3,713	\$8,737	72
MONTANA	2,674	20,910,914	161,718	111	636	7,820	60
NEBRASKA	5,268	37,442,913	299,493	12,420	396	7,108	57
NEVADA	6,931	66,772,391	402,165	2,080	14,570	9,634	58
NEW HAMPSHIRE	3,367	27,894,461	174,345	162	752	8,285	52
NEW JERSEY	23,487	204,851,492	1,289,823	64,884	9,332	8,722	55
NEW MEXICO	7,201	85,534,464	640,646	4,425	7,568	11,878	89
NEW YORK	34,014	293,017,620	1,841,427	23,723	30,074	8,615	54
NORTH CAROLINA	29,124	310,891,350	2,282,373	13,078	76,992	10,675	78
NORTH DAKOTA	1,869	14,283,220	116,963	6,489	432	7,642	63
OHIO	44,928	401,221,204	2,764,817	479,841	44,612	8,930	62
OKLAHOMA	19,280	252,950,880	2,129,384	38,479	25,877	13,120	110
OREGON	14,556	118,167,867	837,841	1,824	2,111	8,118	58
PENNSYLVANIA	48,260	417,195,582	3,206,995	75,049	23,265	8,645	66
PUERTO RICO	7,848	75,414,809	3,827,789	306	1,874,117	9,609	488
RHODE ISLAND	4,173	40,207,994	244,309	37	1,978	9,635	59
SOUTH CAROLINA	14,293	160,024,183	1,212,268	13,663	8,413	11,196	85
SOUTH DAKOTA	1,972	13,001,013	100,857	21	264	6,593	51
TENNESSEE	18,501	168,935,761	1,211,610	42,131	17,856	9,131	65
TEXAS	68,498	701,443,868	5,149,880	922,240	68,533	10,240	75
UTAH	8,305	96,554,989	738,903	5,841	17,318	11,626	89
VERMONT	1,347	10,019,184	74,192	1,314	173	7,438	55
VIRGIN ISLANDS	121	1,169,463	10,501	315	---	9,665	87
VIRGINIA	18,100	148,040,088	1,134,819	20,102	5,986	8,179	63
WASHINGTON	16,521	140,748,738	928,429	3,976	9,077	8,519	56
WEST VIRGINIA	5,752	54,434,375	422,471	12,102	5,696	9,464	73
WISCONSIN	17,191	149,700,419	1,078,167	61,933	11,933	8,708	63
WYOMING	790	6,248,874	46,422	98	---	7,910	59

NOTES: Provider based data are derived from bills for services performed in 2006 and recorded in CMS central records as of June 2007. These interim payments may differ from final cost report adjusted payment amounts. Patient counts are unique to the State and therefore do not add to the total. Data have been screened for privacy.

SOURCES: CMS/ORDI/OIS

December 2007

5/10



# Medicare Inpatient Hospitals by State 2006

	Short- Stay Hospitals <sup>1</sup>	Beds per 1,000 Enrollees	Long- Stay Hospitals <sup>2</sup>	Beds per 1,000 Enrollees	Short- Stay Hospitals <sup>1</sup>	Beds per 1,000 Enrollees	Long- Stay Hospitals <sup>2</sup>	Beds per 1,000 Enrollees
All Areas	3,702	19.3	1,191	2.5	79	22.3	27	2.2
United States	3,644	20.7	1,252	2.6	17	13.2	2	1.3
Alabama	100	23.2	25	2.4	22	16.6	9	2.5
Alaska	11	21.6	2	3.1	24	15.9	12	2.5
Arizona	68	16.0	22	1.6	13	13.7	4	2.4
Arkansas	51	16.3	25	4.0	76	22.5	33	3.5
California	338	18.0	62	1.4	36	15.9	10	1.8
Colorado	47	18.7	18	3.0	193	22.5	36	2.7
Connecticut	32	15.7	12	3.7	95	16.8	17	2.2
Delaware	5	14.9	5	2.8	14	21.8	5	3.3
Dist. of Columbia	7	50.0	7	11.0	137	22.4	48	2.3
Florida	178	16.8	49	1.6	92	23.0	27	2.5
Georgia	110	19.8	33	2.8	32	12.0	2	0.5
Hawaii	14	12.1	5	2.3	158	13.5	66	3.2
Idaho	16	12.3	7	1.7	11	17.0	4	4.4
Illinois	134	24.0	28	2.0	54	16.5	19	2.1
Indiana	80	17.1	43	2.5	25	18.7	3	2.0
Iowa	42	18.9	4	0.7	111	23.7	27	1.8
Kansas	62	21.1	14	2.5	319	21.0	143	3.7
Kentucky	67	20.9	23	3.1	33	17.2	7	3.2
Louisiana	107	26.6	105	7.4	6	14.6	1	1.5
Maine	25	14.0	5	2.1	83	18.7	23	1.6
Maryland	47	18.6	17	3.9	51	12.9	11	2.1
Massachusetts	66	13.3	44	6.8	38	22.2	11	2.2
Michigan	110	16.9	35	1.7	66	17.6	20	2.3
Minnesota	54	17.7	13	1.9	12	15.1	3	1.2
Mississippi	76	25.4	12	1.4	53	15.7	6	1.9
Other Outlying Areas:					5	26.1	0	0.0

<sup>1</sup> Excludes critical access hospitals.

<sup>2</sup> Includes long term, religious non-medical healthcare institutions, psychiatric, rehabilitation, and childrens' hospitals.

NOTES: Facility data as of the end of December 2006. Beds per 1,000 enrollees based on HI enrollment data as of July 1, 200

SOURCE: CMS/ORDI

December 2007

68



# Medicare Skilled Nursing Facilities and Certified Beds by State

2006

	Facilities		Beds		Facilities		Beds	
All Areas	15,028		1,507,368			482	42,573	
United States	15,018		1,506,955			96	7,129	
Alabama	228		24,768		Missouri	192	13,501	
Alaska	15		483		Montana	45	5,124	
Arizona	135		14,621		New Hampshire	74	7,164	
Arkansas	210		20,167		New Jersey	361	49,949	
California	1,206		108,733		New Mexico	67	6,269	
Colorado	193		17,499		New York	653	120,566	
Connecticut	245		29,653		North Carolina	421	41,200	
Delaware	38		3,949		North Dakota	83	6,502	
District of Columbia	19		2,121		Ohio	944	89,549	
Florida	679		77,135		Oklahoma	279	25,349	
Georgia	355		37,789		Oregon	121	9,987	
Hawaii	42		3,584		Pennsylvania	705	83,208	
Idaho	77		5,863		Rhode Island	87	8,580	
Illinois	699		61,197		South Carolina	175	16,733	
Indiana	492		44,456		South Dakota	92	5,874	
Iowa	414		28,916		Tennessee	300	25,923	
Kansas	264		18,408		Texas	1,071	108,543	
Kentucky	293		24,169		Utah	85	7,305	
Louisiana	292		36,303		Vermont	41	3,305	
Maine	113		6,699		Virginia	257	25,121	
Maryland	226		24,210		Washington	234	20,281	
Massachusetts	443		47,619		West Virginia	121	9,475	
Michigan	396		42,253		Wisconsin	370	35,282	
Minnesota	386		33,924		Wyoming	33	2,823	
Mississippi	169		15,121		U.S. Territories and Possessions	10	413	

NOTE: Data as of the end of December 2006.

SOURCE: CMS/ORDI

December 2007

89



# Nursing Facilities Certified for Medicaid Only and Other Medicaid Long-Term Care Facilities by State 2006

	Nursing Facilities Title 19 Only	Institutions for Mentally Retarded		Nursing Facilities Title 19 Only	Institutions for Mentally Retarded
United States	877	6,454	Missouri	36	18
Alabama	3	6	Montana	1	1
Alaska	0	0	Nebraska	33	4
Arizona	1	12	Nevada	2	9
Arkansas	26	41	New Hampshire	8	1
California	76	1,129	New Jersey	0	9
Colorado	17	3	New Mexico	6	42
Connecticut	0	120	New York	2	594
Delaware	6	2	North Carolina	1	332
District of Columbia	1	121	North Dakota	0	67
Florida	4	105	Ohio	15	435
Georgia	5	11	Oklahoma	55	83
Hawaii	4	18	Oregon	17	1
Idaho	3	65	Pennsylvania	11	209
Illinois	102	313	Rhode Island	0	5
Indiana	22	527	South Carolina	0	99
Iowa	40	136	South Dakota	19	1
Kansas	88	31	Tennessee	26	83
Kentucky	0	9	Texas	73	883
Louisiana	0	514	Utah	8	15
Maine	0	20	Vermont	0	2
Maryland	7	4	Virginia	21	34
Massachusetts	10	6	Washington	10	14
Michigan	28	1	West Virginia	10	63
Minnesota	13	219	Wisconsin	27	22
Mississippi	34	13	Wyoming	6	2

NOTE: Data as of the end of December 2006.

SOURCE: CMS/ORDI

December 2007

90







# Community Hospitals by State 2005 Annual Survey

	Beds per 1,000			Beds per 1,000		
	Hospitals	Beds	Resident Population	Hospitals	Beds	Resident Population
United States	4,936	802,311	2.7	119	19,146	3.3
Alabama	109	15,486	3.4	54	4,283	4.6
Alaska	22	1,393	2.1	87	7,566	4.3
Arizona	67	11,767	2.0	32	4,685	1.9
Arkansas	85	9,389	3.4	28	2,843	2.2
California	357	70,192	1.9	80	22,090	2.5
Colorado	71	9,620	2.1	37	3,505	1.8
Connecticut	36	7,862	2.2	203	63,068	3.3
Delaware	6	1,909	2.3	115	23,344	2.7
District of Columbia	11	3,534	6.4	40	3,494	5.6
Florida	205	51,174	2.9	170	33,250	2.9
Georgia	149	25,015	2.8	110	10,814	3.0
Hawaii	25	3,001	2.4	58	6,515	1.8
Idaho	39	3,330	2.3	191	39,602	3.2
Illinois	191	34,498	2.7	11	2,405	2.2
Indiana	113	17,750	2.8	63	11,458	2.7
Iowa	116	10,753	3.6	52	4,325	5.6
Kansas	131	10,075	3.7	130	20,578	3.5
Kentucky	105	14,891	3.6	415	58,153	2.5
Louisiana	128	15,534	3.4	43	4,555	1.8
Maine	37	3,526	2.7	14	1,358	2.2
Maryland	50	11,404	2.0	87	17,483	2.3
Massachusetts	80	16,213	2.5	86	10,763	1.7
Michigan	146	26,214	2.6	57	7,243	4.0
Minnesota	133	15,993	3.1	124	14,458	2.6
Mississippi	94	12,753	4.4	24	2,051	4.0
Missouri						
Montana						
Nebraska						
Nevada						
New Hampshire						
New Jersey						
New Mexico						
New York						
North Carolina						
North Dakota						
Ohio						
Oklahoma						
Oregon						
Pennsylvania						
Rhode Island						
South Carolina						
South Dakota						
Tennessee						
Texas						
Utah						
Vermont						
Virginia						
Washington						
West Virginia						
Wisconsin						
Wyoming						

NOTE: Includes total hospital and nursing unit beds.

SOURCE: American Hospital Associations' 2007 Hospital Statistics.

December 2007



# **Medicare Part B Participating Physicians and Other Practitioners by State Selected Years**

	January 2002	January 2003	January 2004	January 2005	January 2006	January 2007
Alabama	96.1	96.4	96.8	96.7	96.9	97.4
Alaska	86.1	87.2	88.0	89.1	90.0	89.7
Arizona	90.6	91.1	91.2	91.7	92.4	92.8
Arkansas	95.5	95.9	96.1	96.3	96.4	97.0
California	78.6	89.5	89.8	87.4	86.9	84.7
Colorado	89.5	90.0	90.7	91.3	92.3	92.2
Connecticut	90.5	93.4	93.6	93.8	94.3	95.0
Delaware	92.0	92.4	96.5	96.5	96.1	96.1
District of Columbia	90.8	91.3	92.3	92.4	92.7	92.7
Florida	92.9	92.5	93.0	93.5	94.1	95.0
Georgia	90.8	90.4	91.3	92.0	92.7	93.4
Hawaii	94.3	94.7	94.7	95.2	95.6	95.4
Idaho	80.8	84.0	85.2	85.9	90.0	90.1
Illinois	92.6	93.4	93.7	94.4	94.9	95.1
Indiana	85.5	87.4	88.4	95.8	96.2	95.5
Iowa	94.2	94.6	94.7	95.2	95.4	95.6
Kansas	94.6	95.4	96.1	96.2	97.0	97.3
Kentucky	93.7	94.0	94.6	94.1	95.1	95.5
Louisiana	92.3	92.4	93.1	93.3	93.6	94.4
Maine	93.7	94.8	90.5	91.3	91.6	91.7
Maryland	94.1	94.3	95.1	95.3	95.9	95.5
Massachusetts	92.1	96.0	90.4	91.2	91.9	92.0
Michigan	96.9	97.3	97.4	97.6	97.7	97.8
Minnesota	80.4	80.6	80.1	79.9	80.3	81.2
Mississippi	85.6	86.1	92.5	91.2	92.0	92.0
Missouri	95.6	94.0	94.3	94.8	94.8	94.4
Montana	89.9	90.9	92.0	92.5	93.3	94.0
Nebraska	93.8	94.6	95.1	95.6	96.4	96.8
Nevada	96.2	95.6	96.3	96.1	96.2	96.7
New Hampshire	91.1	94.0	87.7	88.6	89.4	90.0
New Jersey	87.4	88.9	89.9	91.3	92.1	91.9
New Mexico	92.6	93.3	93.6	94.9	95.9	95.9
New York	81.2	82.3	82.8	82.3	92.2	92.8
North Carolina	91.1	91.9	92.5	93.0	95.9	96.0
North Dakota	97.2	97.3	97.7	97.8	97.9	97.6
Ohio	95.5	95.7	96.4	96.4	96.7	96.9
Oklahoma	93.9	94.4	94.7	95.5	95.7	96.0
Oregon	92.8	93.4	96.0	93.9	94.4	94.0
Pennsylvania	95.8	96.4	96.6	96.7	97.0	97.3
Rhode Island	75.6	77.2	98.4	98.4	97.7	98.2
South Carolina	92.1	92.8	93.4	94.3	94.9	95.9
South Dakota	89.3	90.6	91.1	92.5	92.9	93.2
Tennessee	92.2	92.6	92.8	92.8	96.0	96.3
Texas	88.0	89.4	90.2	91.0	91.5	92.7
Utah	96.2	97.0	97.5	97.7	97.8	97.5
Vermont	94.9	93.8	91.4	91.9	92.2	91.5
Virginia	88.6	93.7	94.4	94.6	94.9	95.3
Washington	96.2	95.8	96.0	96.3	96.6	96.5
West Virginia	94.8	94.8	95.9	96.3	96.9	97.1
Wisconsin	94.5	95.0	95.5	96.0	96.5	96.4
Wyoming	87.7	88.0	88.6	90.6	91.7	91.6

NOTE: Other practitioners includes limited license practitioners and non-physician practitioners.

SOURCE: CMS/OFM

December 2007



**Physician Assignment Rates as a Percent of Allowed Charges by State  
Fiscal Year 2007**

CMS Region/State	Assignment Rate	CMS Region/State	Assignment Rate
National	99.7		
Alabama	99.9	Montana	99.6
Alaska	99.8	Nebraska	99.3
Arizona	97.7	Nevada	99.9
Arkansas	99.9	New Hampshire	99.8
California	99.7	New Jersey	99.4
Colorado	99.1	New Mexico	99.6
Connecticut	99.6	New York	99.5
Delaware	99.8	North Carolina	99.7
District of Columbia	99.4	North Dakota	99.7
Florida	99.5	Ohio	99.9
Georgia	99.8	Oklahoma	99.7
Hawaii	99.6	Oregon	99.5
Idaho	98.1	Pennsylvania	99.9
Illinois	99.7	Rhode Island	100.0
Indiana	99.8	South Carolina	99.8
Iowa	99.7	South Dakota	97.1
Kansas	99.8	Tennessee	99.9
Kentucky	99.8	Texas	99.8
Louisiana	99.9	Utah	99.9
Maine	99.9	Vermont	99.7
Maryland	99.7	Virginia	99.8
Massachusetts	100.0	Washington	99.7
Michigan	99.9	West Virginia	99.9
Minnesota	97.4	Wisconsin	99.8
Mississippi	99.8	Wyoming	99.0
Missouri	99.7		

SOURCE: CMS/OFM

December 2007



# Medicare Physicians and Other Medical Professionals by State <sup>1</sup> 2007

State	Number	Percent of Total	State	Number	Percent of Total
Total <sup>2</sup>	1,245,003	100.0	Montana	4,727	0.4
Alabama	14,076	1.1	Nebraska	8,103	0.7
Alaska	3,520	2.8	Nevada	7,500	0.6
Arizona	22,103	1.8	New Hampshire	8,749	0.7
Arkansas	11,804	0.9	New Jersey	41,609	3.3
California <sup>3</sup>	115,164	9.3	New Mexico	7,779	0.6
Colorado	21,252	1.7	New York	96,531	7.8
Connecticut	16,772	1.3	North Carolina	36,825	3.0
Delaware	4,273	0.3	North Dakota	4,302	0.3
District Columbia	8,377	0.7	Ohio	48,012	3.9
Florida	67,499	5.4	Oklahoma	11,340	0.9
Georgia	32,003	2.6	Oregon	16,534	1.3
Hawaii <sup>4</sup>	6,584	0.5	Pennsylvania	56,037	4.5
Idaho	5,803	0.5	Puerto Rico <sup>5</sup>	9,003	0.7
Illinois	47,438	3.8	Rhode Island	5,917	0.5
Indiana	23,808	1.9	South Carolina	16,759	1.3
Iowa	14,243	1.1	South Dakota	4,137	0.3
Kansas	12,899	1.0	Tennessee	27,745	2.2
Kentucky	18,015	1.4	Texas	67,260	5.4
Louisiana	20,136	1.6	Utah	9,023	0.7
Maine	9,577	0.8	Vermont	4,670	0.4
Maryland	29,277	2.4	Virginia	26,359	2.1
Massachusetts	50,799	4.1	Washington	29,860	2.4
Michigan	42,214	3.4	Wisconsin	26,289	2.1
Minnesota	23,681	1.9	West Virginia	8,778	0.7
Mississippi	8,805	0.7	Wyoming	2,807	0.2
Missouri	27,645	2.2			

<sup>1</sup> Medicare physicians and other medical professionals include active medical doctors, limited licensed practitioners, and non-physicians.

<sup>2</sup> Total includes unknown. <sup>3</sup> American Samoa and Palau included in California. <sup>4</sup> Guam included in Hawaii. <sup>5</sup> Virgin Islands included in Puerto Rico.

NOTES: Percent total does not necessarily equal sum of rounded components. Data as of July 2007.

SOURCES: CMS/ORDI/CBC (Medicare Physician Registry)

December 2007







## Medicare Cost Sharing and Premium Amounts for Hospital Insurance <sup>1</sup>

	Inpatient Hospital			SNF <sup>3</sup>	Hospital Insurance Monthly Premium <sup>4</sup>
	Deductible (IHD)	Daily Coinsurance		Daily	
		61st through 90th days (1/4 x IHD)	LTR <sup>2</sup> after 90 days (1/2 x IHD)	Coinsurance after 20 days (1/8 x IHD)	
	Covers first 60 days				

Beginning in January unless noted

July 1966	\$40	\$10	( <sup>5</sup> )	( <sup>5</sup> )	--
1970	52	13	26	6.50	--
1980	180	45	90	22.50	78 <sup>6, 7</sup>
1985	400	100	200	50.00	174 <sup>8</sup>
1990	592	148	296	74.00	175 <sup>9</sup>
1995	716	179	358	89.50	261 <sup>10</sup>
1996	736	184	368	92.00	289 <sup>10</sup>
1997	760	190	380	95.00	311 <sup>10</sup>
1998	764	191	382	95.50	309 <sup>10</sup>
1999	768	192	384	96.00	309 <sup>10</sup>
2000	776	194	388	97.00	301 <sup>10</sup>
2001	792	198	396	99.00	300 <sup>10</sup>
2002	812	203	406	101.50	319 <sup>10</sup>
2003	840	210	420	105.00	316 <sup>10</sup>
2004	876	219	438	109.50	343 <sup>10</sup>
2005	912	228	456	114.00	375 <sup>10</sup>
2006	952	238	476	119.00	393 <sup>10</sup>
2007	992	248	496	124.00	410 <sup>10</sup>

<sup>1</sup> Hospital Insurance covers all expenses in "benefit period" except deductible and coinsurances shown below.

<sup>2</sup> LTR is lifetime reserve.

<sup>3</sup> SNF is skilled nursing facility.

<sup>4</sup> Premium paid for voluntary participation of individuals aged 65 or older not otherwise entitled to hospital insurance and of certain disabled individuals who have exhausted other entitlement.

<sup>5</sup> Benefit not provided.

<sup>6</sup> Beginning in July for years 1973 through 1982.

<sup>7</sup> Set to 33/76 times the IHD, rounded to the nearest dollar, for years 1973 through 1988.

<sup>8</sup> Beginning in January for 1984 and succeeding years.

<sup>9</sup> Set at the estimated actuarial value of incurred benefits and administrative expenses for hospital insurance entitled aged beneficiaries, rounded to the nearest dollar, for 1989 and succeeding years.

<sup>10</sup> For 1994 and later, a reduced premium is available to individuals aged 65 or older who are not otherwise entitled to hospital insurance but who have, or whose spouse has or had, at least 30 quarters of coverage under Title II of the Social Security Act. For 2007, the reduced premium is \$226.

SOURCE: CMS/OACT

December 2007



## Medicare Cost Sharing and Premium Amounts for Supplementary Medical Insurance

	Standard Monthly Premiums				
	Annual Deductible	Coinsurance	For Enrollee (aged and disabled) <sup>1</sup>	Government Amounts	
				Aged	Disabled
Beginning July unless otherwise noted					
1966	\$50	20%	\$3.00	\$3.00	--
1970	50 <sup>2, 3</sup>	20% <sup>3</sup>	4.00	4.00	--
1975	60 <sup>4</sup>	20% <sup>5</sup>	6.70	6.70	29.30
1980	60	20%	8.70	18.10	41.30
1985	75 <sup>6, 7, 8</sup>	20%	15.50 <sup>9</sup>	46.50 <sup>9</sup>	89.90 <sup>9</sup>
1990	75	20%	28.60	85.80	59.60
1995	100 <sup>10</sup>	20%	46.10	100.10	165.50
1996	100	20%	42.50	127.30	167.70
1997	100	20%	43.80	131.40	177.00
1998	100	20%	43.80	132.00	150.40
1999	100	20%	45.50	139.10	160.50
2000	100	20%	45.50	138.30	196.70
2001	100	20%	50.00	152.00	214.40
2002	100	20%	54.00	164.60	192.20
2003	100	20%	58.70	178.70	223.30
2004	100	20%	66.60	199.80	284.40
2005	110	20%	78.20	234.60	270.00
2006	124	20%	88.50	265.40	292.20
2007	131	20%	93.50	280.50	290.80

<sup>1</sup> Beginning July 1973 for the disabled. Starting in 2007, beneficiaries with income above certain threshold amounts pay a higher premium. These higher premiums result in lower government contributions.

<sup>2</sup> Beginning in January for 1967 and succeeding years.

<sup>3</sup> Professional inpatient services of pathologists and radiologists not subject to deductible or coinsurance for the period April 1968 - December 1980.

<sup>4</sup> Deductible was \$60 for the years 1973 - 1981.

<sup>5</sup> Home health services are not subject to coinsurance, beginning July 1972.

<sup>6</sup> Home health services are not subject to deductible, beginning 1981.

<sup>7</sup> Professional inpatient services of pathologists and radiologists not subject to deductible and coinsurance only when physician accepts assignment for the period January 1981 - September 1982 and are subject to deductible and coinsurance for October 1982 and later.

<sup>8</sup> Deductible was \$75 for the years 1982 - 1990.

<sup>9</sup> Beginning in January for 1984 and succeeding years.

<sup>10</sup> Deductible was \$100 for the years 1991 - 2004. For 2005 and later, it is indexed by the increase in the aged actuarial rate.



**Medicare Annual Maximum Taxable Earnings and HI Contribution Rates  
Calendar Years 1966 - 2007**

Calendar Year	Annual Maximum Taxable Earnings	Contribution Rate <sup>1</sup>	
		Employees and employers, each	Self- employed
1966	\$6,600	0.35	0.35
1967	6,600	0.50	0.50
1968	7,800	0.60	0.60
1969	7,800	0.60	0.60
1970	7,800	0.60	0.60
1971	7,800	0.60	0.60
1972	9,000	0.60	0.60
1973	10,800	1.00	1.00
1974	13,200	0.90	0.90
1975	14,100	0.90	0.90
1976	15,300	0.90	0.90
1977	16,500	0.90	0.90
1978	17,700	1.00	1.00
1979	22,900	1.05	1.05
1980	25,900	1.05	1.05
1981	29,700	1.30	1.30
1982	32,400	1.30	1.30
1983	35,700	1.30	1.30
1984	37,800	1.30	2.60
1985	39,600	1.35	2.70
1986	42,000	1.45	2.90
1987	43,800	1.45	2.90
1988	45,000	1.45	2.90
1989	48,000	1.45	2.90
1990	51,300	1.45	2.90
1991	125,000	1.45	2.90
1992	130,200	1.45	2.90
1993	135,000	1.45	2.90
1994 and later	none <sup>2</sup>	1.45	2.90

<sup>1</sup> Percent of taxable earnings.

<sup>2</sup> The Omnibus Budget Reconciliation Act of 1993 eliminated the Annual Maximum Taxable Earnings amount for 1994 and later. For those years, the contribution rate is applied to all earnings in covered employment.

SOURCE: CMS/OACT

December 2007



**Title XIX**  
**Federal Medical Assistance Percentages**  
**Fiscal Years 2004 - 2007**

	2004	2005	2006	2007		2004	2005	2006	2007
Alabama	70.75	70.83	69.51	70.83	Missouri	61.47	61.15	61.93	61.93
Alaska	58.39	57.58	57.58	57.58	Montana	72.85	71.90	70.54	69.11
Arizona	67.26	67.45	66.98	67.45	Nebraska	59.89	59.64	59.68	57.93
Arkansas	74.67	74.75	73.77	74.75	Nevada	54.93	55.90	58.81	53.93
California	50.00	50.00	50.00	50.00	New Hampshire	50.00	50.00	50.00	50.00
Colorado	50.00	50.00	50.00	50.00	New Jersey	50.00	50.00	50.00	50.00
Connecticut	50.00	50.00	50.00	50.00	New Mexico	74.85	74.30	71.15	71.93
Delaware	50.00	50.38	50.09	50.38	New York	50.00	50.00	50.00	50.00
District of Columbia	70.00	70.00	70.00	70.00	North Carolina	62.85	63.63	63.49	64.52
Florida	58.93	58.90	58.89	58.90	North Dakota	68.31	67.49	65.85	64.72
Georgia	59.58	60.44	60.60	60.44	Ohio	59.23	59.68	59.88	59.66
Hawaii	58.90	58.47	58.81	58.47	Oklahoma	70.24	70.18	67.91	68.14
Idaho	70.46	70.62	69.91	70.62	Oregon	60.81	61.12	61.57	61.07
Illinois	50.00	50.00	50.00	50.00	Pennsylvania	54.76	53.84	55.05	54.39
Indiana	62.32	62.78	62.98	62.78	Rhode Island	56.03	55.38	54.45	52.35
Iowa	63.93	63.55	63.61	63.55	South Carolina	69.86	69.89	69.32	69.54
Kansas	60.82	61.01	60.41	61.01	South Dakota	65.67	66.03	65.07	62.92
Kentucky	70.09	69.60	69.26	69.60	Tennessee	64.40	64.81	63.99	63.65
Louisiana	71.63	71.04	69.79	71.04	Texas	60.22	60.87	60.66	60.78
Maine	66.01	64.89	62.90	64.89	Utah	71.72	72.14	70.76	70.14
Maryland	50.00	50.00	50.00	50.00	Vermont	61.34	60.11	58.49	58.93
Massachusetts	50.00	50.00	50.00	50.00	Virginia	50.00	50.00	50.00	50.00
Michigan	55.89	56.71	56.59	56.71	Washington	50.00	50.00	50.00	50.12
Minnesota	50.00	50.00	50.00	50.00	West Virginia	75.19	74.65	72.99	72.82
Mississippi	77.08	77.08	76.00	77.08	Wisconsin	58.41	58.32	57.65	57.47
					Wyoming	59.77	57.90	54.23	52.91
					Territories	50.00	50.00	50.00	50.00

SOURCE: CMS/CMSO

December 2007









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